[Report 1945] / School Medical Officer of Health, Devon County Council.

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DEVON COUNTY COUNCIL

(MEDICAL DEPARTMENT).

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR

1945.

Wm. Pollard & Co. Ltd., Exeter. 54606

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER, 1945.

INTRODUCTION.

To the CHAIRMAN and MEMBERS of the DEVON COUNTY EDUCATION COMMITTEE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report upon the work of the School Health Service in the County during the year 1945.

The most important matters recorded in the Report concern the developments in the School Health Service under the Education Act, 1944, and the Handicapped Pupils and School Health Services Regulations, 1945. They include the smooth transfer of the School Health Services of the former " Part III " Education Authorities in the County, namely the Boroughs of Barnstaple, Tiverton and Torquay, to the County organisation. No delegation of School Health Services to the three Divisional Executive Committees is proposed or provided for.

I must record with gratitude the kindly and helpful co-operation shown by the previous School Medical Officers of the Part III L.E.A's, Dr. F. J. Martin, of Barnstaple, Dr. G. Lowe, of Tiverton, and Dr. J. V. Simpson, of Torquay, in relation to the transfer of services. Dr. Martin, who is also M.O.H. of the Barnstaple Borough and Barnstaple Rural District, joined the County staff as from 1st April as a temporary Assistant School Medical Officer, spending approximately one-third of his working time on the school work. Dr. Simpson's Assistant M.O.H., Dr. Thomas Gibson, also joined the County staff for school work, to the extent of four-fifths of his time, the remainder being still allocated to the Torquay Borough Public Health and Maternity and Child Welfare work. To Dr. Simpson I am especially grateful, as although he lost all official administrative responsibility for the School Health Service in Torquay on 1st April he has in fact continued to devote a substantial part of his time in assisting the transfer and giving much helpful advice. Space does not permit me to refer, in this introduction, to other transferred officers, Dental, Nursing or Clerical, but notes concerning some of these will be found in the body of the report.

As regards the medical developments under the Act and Regulations, the Committee's universal free hospital treatment scheme deserves pride of place. This is fully described in the text of the report. The new arrangements for the ascertainment and care of Handicapped Pupils, and the great lack of special educational facilities for certain categories of these handicapped pupils should also be noted. On the debit side, the alteration in the system of dealing with verminous children, in accordance with Section 54 of the Act, must also be recorded, and deplored.

There is one further matter which deserves a special note. The year 1945 virtually marked the end of all the special measures and services which were instituted early in the war and maintained in varying degrees since, for the care of the health of evacuated children. The only health services which remain are those related to the care of the " maladjusted " children, of which there is a relatively high proportion amongst the 5,000 odd residual evacuees, who, for reasons such as loss of parents or destruction of home, cannot yet leave Devon.

A note with regard to the special services for evacuees, and the mark they have left on the general Devon School Health Services, will be found at the end of this report.

I again take the opportunity of expressing my appreciation of the work of my professional and clerical staff, and more especially that of my Deputy, Dr. Lishman, who, as in previous years, has been chiefly responsible for the compilation of this report.

I have the honour to be,

Your obedient servant,

L. MEREDITH DAVIES.

ADMINISTRATION.

The outstanding administrative developments that occurred during 1945 were, of course, in connection with those provisions of the Education Act, 1944, that affect the School Health Service, and with the Handicapped Pupils and School Health Services Regulations, 1945, made under Sections 33, 69 and 100 of the Act.

Education Act, 1944.

First as regards the School Health Services operated by the former "Part III" Education Authorities of Barnstaple, Tiverton and Torquay, these were transferred to and incorporated in the County School Health Service as from 1st April, and I here record my grateful thanks to the former School Medical Officers to these Authorities for the very great help they have been to me in carrying out the transfer with the minimum of disturbance, and for their most valuable co-operation generally. I especially wish to thank Dr. J. W. Simpson, Medical Officer of Health and formerly School Medical Officer, of Torquay, who, although no part of his time was transferred to the Devon School Health Service, has continued throughout the year and since to be of the greatest assistance to me in the administrative problems associated with the transfer of services.

Certain members of the executive medical, dental and nursing staffs of the Part III Authorities have been transferred to the County staff, but, with one exception, it was impracticable to transfer clerical staff, and these have been replaced with new personnel, other posts being given to the displaced staff in different departments of the Council concerned.

No Divisional Executives were functioning at the end of the year, but the Developments Scheme provides for the erection of three Divisional Executives, one in North Devon, based on Barnstaple, a second for the Torbay area, based on Torquay, and a third for the South-West of the County, based on Plympton. For the present no delegation or decentralisation of the School Health Services in Divisional Executive areas is contemplated, nor has it been suggested. The administrative duties carried out hitherto by the School Medical Officers of the Part III Areas (one of which, Tiverton, incidentally is not within one of the new Divisional Executive areas) are now undertaken by the Devon School Medical Officer.

Under this transfer, the County School Health Services now care for an additional 6,600 school children, not including the residue of evacuated pupils still in the areas.

Secondly, the Committee have begun to implement Section 48 (3) of the Act, which legislates for the provision of an almost comprehensive medical treatment service for all children attending maintained schools, free of direct cost to the parents, by assuming responsibility for comprehensive In or Out-patient hospital treatment of school children in all cases where the treatment cannot be conveniently undertaken at a School Clinic, the clinic services meanwhile being strengthened and developed. A scheme for treatment in General Medical Practitioners 'Surgeries, to fill the gaps left by the Clinic and Hospitals Services, is under consideration, but at the end of the year had not progressed beyond the stage of preliminary discussions with representatives of the local Medical Profession. If and when such a scheme comes into operation it will have to be backed by a Pharmacological Scheme, and preliminary negotiations with the representatives of the local pharmacological profession have been opened.

Handicapped Pupils and School Health Services Regulations, 1945.

These Regulations reclassify and name the various types of mentally or physically handicapped pupils, and prescribe the methods of ascertaining them and providing the form of "Special Educational Treatment" most appropriate to the particular handicap.

The Regulations also deal with various modifications in organisation of School Health Departments and Services, all of which have been carried out in Devon by the end of the year. They will be referred to in more detail in other sections of this report, e.g. in the sections on Staff, Medical Inspection, Handicapped Pupils, Special Schools, and in the section on the School Dental Service.

Other Regulations, Orders, Ministry Circulars or Memoranda concerning the School Health Service.

1. *Ministry of Education Circular* 29. (12.3.45.)

This circular outlined the priorities in connection with the provision of " almost comprehensive " free medical treatment of school children, viz :—

(*a*) Extension and strengthening of School Clinic Services.

(*b*) Extension and development of existing schemes for hospital treatment of certain conditions, such as for eye, ear, nose and throat and orthopaedic defects.

(*c*) Inclusion of other forms of hospital treatment to make the range comprehensive.

(*d*) General Practitioner Surgery or Clinic treatment for children in remoter rural areas not served by School Clinics.

(*e*) Extension of School Dental Services, supplemented by provision of emergency treatment through private dental practitioners.

2. (A) *Regulations Prescribing Standards for School Premises*, 1945 (*Building Regulations*). (24.3.45.)

(B) *Memorandum on the Building Regulations.*

These Regulations superseded the old out-of-date building regulations, and should be invaluable to the School Health Service in providing minimum standards for School Medical Officers to work to in making their reports on the hygienic condition of existing schools and in considering plans for new schools, especially in regard to such matters as washing and sanitary accommodation, medical and isolation rooms, cloakrooms, feeding accommodation, lighting, heating and ventilation, playrooms and grounds.

3. *Ministry of Education Administrative Memorandum* 101 (26.10.45)—*Speech Therapists.*

This clarified the position of Speech Therapists as members of the staff of the School Health as distinct from the general Educational staff of the Local Education Authority, and prescribed a new approved salary scale. The Committee have adopted this scale.

4. *Circular No.* 66. (00.00.00.)

This prescribed qualifications for teachers in Special Schools.

5. *Circular No.* 68. (12.11.45.)

This set up lines of demarcation between the various methods of further education and vocational training or rehabilitation under different bodies, such as the Local Education Authority or the Ministry of Labour, available for training blind or otherwise disabled young people over school age, and adults. The method to be chosen in respect of the particular disability and circumstances under which the disability was sustained is specified.

6. (A) *Reports to Local Authorities (Records) Regulations*, 1945.

(B) *Accompanying Circular No.* 71. (22.11.45.)

These outline the method by which educationally subnormal school children who become ineducable (in even a special school), or who reach the age of 16 and are considered to need some measure of care, supervision and control, are to be " reported " by the Local Education Authority to the Authority for the Care of the Mentally Deficient.

STAFF.

At the end of the year, the professorial, technical and clerical staff, exclusive of part-time consultants, etc., employed by the County Council and partly or wholly devoted to work in the Schools Health Service, is set out below. The transfer or replacement of staff employed by the former " Part III " Education Authorities of Barnstaple, Tiverton and Torquay, have increased the establishment as compared with that in 1944.

Medical, Nursing and Ancillary.	Number.	Equivalent to whole-time.	Apportionment to S.H.S.	Equivalent to whole-time S.H.S.
School Medical Officer ...	1	1	25%	¼
Deputy School Medical Officer	1	1	25%	¼§
Assistant County Medical Officer	15*	12⅓	60%	7½
County Oculists	2	2	100%	2
Occulist Attendants	2	2	100%	2
Orthoptist (Part-time) ...	1	½	100%	½
County Psychiatrists ...	2†	2	50%	1
Educational Psychologists ...	2†	2	100%	2
Psychiatric Social Workers ...	1†	1	75%	¾
Speech Therapists	2†	2	100%	2
Health Visitor—School Nurses	39‡‖	36½‡	35 at 50% 1½ at 100%	19
School Nursing Assistants ...	17	17	100%	17
Dental.				
Senior County Dental Officer ...	1	1	90%	9/10ths
County Dental Officers ...	16	16	90%	14½
Dental Attendants	17	17	90%	15½
Clerical.				
Administrative Clerks :—				
Grade C	1	1	100%	1
Grade B	1	1	100%	1
Grade A	1	1	100%	1
Clerks and Shorthand-Typists in general (Grades 1—3 according to age)	8½	8	100%	8
TOTAL CLERICAL	11½¶	—	—	11¶

*Including 3 A.C.M.O's who are also half-time M.O's H. to County Districts and two half-time others. Excluding general practitioners conducting certain Welfare Centres on a sessional basis whose time in the aggregate is equivalent to that of a further 1½ A.C.M.O's, most of which, however, is at present devoted to the School Health Service.

†One vacancy at end of year.

‡Two vacancies at end of year.

§This allocation is too small, and requires review.

‖The figure of 39 includes 4 H.V. School Nurses employed by the Torquay Borough Council, spending part of their time on School Health Work equivalent to 1½ whole-time School Nurses, hence the figure of 36½.

¶Plus a proportion of the time of clerks in the Mental Health (1½) and Accounts Sections of the County Council Staff, equivalent to 3 further clerks, making 14½ in all.

Personnel.

School Medical Officer :

L. Meredith Davies, M.A., M.D., B.Ch. (Oxon), D.P.H. (Oxon), L.R.C.P., M.R.C.S.

Deputy School Medical Officer :

F. J. Garratt Lishman, M.D.(Hyg.) (London), B.S., D.P.H. (London), D.L.O., L.R.C.P., M.R.C.S.

Assistant County Medical Officers and Medical Officers of Health (Combined appointments) :

T. Brown, M.D., Ch.B., D.P.H. (Exmouth U.D. and St. Thomas R.D. Temporary. Acting for Dr. Doyle.)

W. J. Doyle, M.B., B.Ch., B.A.O., D.P.H. (Exmouth U.D. and St. Thomas R.D. On War Service.)

A. Dick, M.D., Ch.B., D.P.H. (Brixham, Dartmouth and Paignton U.D's.)

E. D. Allen-Price, M.D., Ch.B., D.P.H. (Okehampton and Tavistock U.D's, Broadwoodwidger, Okehampton, Tavistock R.D's.)

F. J. Martin, L.R.C.P., M.R.C.S., D.P.H. (Barnstaple Borough and R.D.)

Assistant County Medical Officers :

Muriel C. Bywaters, M.B., B.S., D.P.H. (Temporary. Part-time.)
Edith M. Davies, M.D., B.Ch., D.P.H., L.R.C.P., M.R.C.S.
Eleanor M. Dawe, M.B., Ch.B. (Temporary.)
T. Gibson, M.D., C.M., D.P.H. (Temporary.)
Margaret Gunner, M.B., Ch.B. (Temporary.)
J. H. F. Norbury, M.B., B.S., L.R.C.P., M.R.C.S. (Temporary.)
H. A. Mackenzie-Wintle, L.R.C.P., M.R.C.S., D.P.H. (On War Service.)
G. D. Park, M.B., Ch.B., M.C.
Marion Proctor-Sims, M.R.C.O.G., L.R.C.P., M.R.C.S.
Grace H. Walker, M.B., Ch.B., D.P.H. (Temporary.)
Audrey P. Whitfield, M.B., B.S., L.R.C.P., M.R.C.S. (Temporary. Part-time.)
Florence M. Whiting (*nee* Rhodes), L.R.C.P., M.R.C.S.

County Oculists :

Margaret Lempriere Foxwell, L.R.C.P., M.R.C.S., D.P.H., D.C.H.
W. G. Hutton, L.R.C.P., M.R.C.S., D.O.M.S.

Oculists' Attendants :

Edith Mounsey.
Dorothea M. Newman.

Orthoptist :

Rosemary Marmion, D.B.O. (Part-time.)

County Psychiatrists :

E. W. Anderson, M.D., M.R.C.P., D.P.M. (Returned from R.N.V.R., November, 1945.)
Enid Sylvia Lendrum (*nee* Davies), L.R.C.P., M.R.C.S. (Temporary. Resigned 31st December, 1945.)
Hugh Scott-Forbes, L.R.C.P., M.R.C.S., D.P.M. (To begin March, 1946.)

Educational Psychologists :

Olive Sampson, M.A., B.Ed.
Vacancy.

Psychiatric Social Workers :

Vacancy.
F. M. Dickinson, D.S.S. (Part-time. Temporary.)

Speech Therapists :

NORTHERN AREA : Vera Babington, Diploma in Speech Therapy.

SOUTHERN AREA : Vacant at end of year. (Part-time arrangements applied for most of the year, with Mrs. T. G. Meade (Plymouth Area) and Miss J. Whitaker (Exeter and Torbay areas).)

Dental Staff :

SENIOR COUNTY DENTAL OFFICER :

Jeffrey Fletcher, L.D.S.

COUNTY DENTAL OFFICERS :

Mr. T. T. Barton, L.D.S. (Resigned 31st May, 1945.)
Mr. E. H. Chesters, L.D.S.
Mr. W. A. Dredge, L.D.S.
Mr. T. L. Fiddick, L.D.S.
Mr. N. Harris, L.D.S. (Returned from H.M. Forces, 1st October, 1945.)
Dr. W. R. House, M.R.C.S., L.R.C.P., L.D.S.
Mrs. M. F. Inder, L.D.S. (Commenced 1st April, 1945.)
Mr. R. J. Inder, L.D.S.
Mr. D. F. Lewis, L.D.S. (Resigned 30th June, 1945.)
Mr. G. E. Morgan, L.D.S., H.D.D. (Returned from H.M. Forces, 1st November, 1945.)
Mr. A. S. Peacock, L.D.S.
Mr. F. Brabington Perry, L.D.S. (Resigned 31st August, 1945.)
Miss D. M. Phillips, L.D.S.
Mr. L. Pringle, L.D.S.
Mr. V. Rattee, L.D.S. (Resigned, 30th June, 1945.)
Miss B. J. Shapland, L.D.S.
Mr. J. E. B. Smith, L.D.S.
Mr. E. J. Tucker, L.D.S. (Commenced 25th June, 1945.)

Dental Attendants :

Mrs. W. L. Wedgery.
Miss P. M. Beall.
Miss F. L. Wright.
Miss M. Sheldon.
Miss A. Golding.
Mrs. E. M. Harvey. (Commenced 1st October, 1945.)
Mrs. D. Sabine.
Mrs. Gentry. (Commenced 1st April, 1945.)
Miss M. H. Longley.
Miss F. Featherstone.
Mrs. G. M. Davie. (Commenced 1st November, 1945.)
Miss J. E. Grigg.
Miss Hutchings. (Resigned 31st July, 1945.)
Miss S. E. Bearne.
Miss W. Sabine.
Mrs. A. M. Foley.
Miss P. M. Turle.

School Nursing Assistants :

As these (unqualified) women are subject to fairly frequent changes, the names of individual members of the staff are not recorded.

Health Visitor—School Nurses :

Mrs. A. Butler, S.R.N., S.C.M., H.V.
Mrs. Clarke, S.R.N., S.C.M.
Miss I. Edwards, S.R.N., S.C.M., H.V.
Miss H. Faulkner, S.R.N., S.C.M., H.V.
Miss B. Fiddes, S.R.N., S.C.M., H.V.
Mrs. E. Forster, S.R.N., S.C.M., H.V.
Miss W. Frayling, S.R.N., S.C.M., H.V.
Miss L. Gilbert, S.R.N., S.C.M., H.V.
Miss V. Giles, S.R.N., S.C.M., H.V.
Miss A. Gill, S.R.N., S.C.M.
Miss K. Gillham, S.R.N., S.C.M., H.V.
Miss G. Greenwood, S.R.N., S.C.M., H.V.
Miss E. Hall, S.R.N., S.C.M., H.V.
Miss M. Harris, S.R.N., S.C.M., H.V.
Miss D. James, S.R.N., S.C.M., H.V.
Miss V. King, S.R.N., S.C.M., H.V.
Miss M. Leathley, S.R.N., S.C.M., H.V.
Miss R. Lee, S.R.N., S.C.M., H.V.
Mrs. C. Leach, S.R.N., S.C.M., H.V.
Miss F. Mason, S.R.N., S.C.M., H.V.
Miss G. Mason, S.R.N., S.C.M., H.V.
Miss R. Morris, S.R.N., S.C.M., H.V.
Mrs. A. Owen, S.R.N., S.C.M., H.V.
Miss I. Pester, S.R.N., S.C.M., H.V.
Mrs. E. Rogers, S.R.N., S.C.M., H.V.
Miss E. Ryall, S.R.N., S.C.M., H.V.
Miss A. Sheerin, S.R.N., S.C.M., H.V.
Miss M. Simpson, S.R.N., S.C.M., H.V.
Mrs. W. Sparks, S.R.N., S.C.M., H.V.
Mrs. N. Spence, S.R.N., S.C.M., H.V.
Miss M. Stone, S.R.N., S.C.M., H.V.
Miss M. Thain, S.R.N., S.C.M., H.V.
Miss E. Walters, S.R.N., S.C.M., H.V.
Miss M. Walters, S.R.N., S.C.M., H.V.
Miss O. Walters, S.R.N., S.C.M., H.V.
Miss J. West, S.R.N., S.C.M., H.V.
Plus the equivalent of 1½ health visitors/school nurses on the staff of the Torquay Corporation.

Dr. Frances Heron Watson, M.B., Ch.B., D.P.H., who is Senior Medical Officer for Maternity and Child Welfare, supervises the work of the Health Visitor/School Nurses, although no part of her salary is actually allocated to the School Health Services.

Clerical Staff, School Health Section :

Clerk in Charge of Section :

W. A. Down. (Grade C.)

OTHER SENIOR CLERKS :

A. G. Kelly. (Grade B.)
R. Widgery. (Grade A.) (On Service.)

CLERKS IN GENERAL SECTION :

Mary Rogers.
Delphine E. Fannon. (Stationed at Torquay Central Clinic.)
D. Hay.*
Irene Hopper.* (Mrs.) (½-time in School Health Section.)
Violet G. Jacobs.* (Mrs.)
Muriel Roberts.*
Irene Rose-Troup.* (Mrs.)
Phyllis Skinner.*
B. Tanton.*
Barbara Westaway.* (Mrs.)

CLERKS IN MENTAL HEALTH SECTION. (Three-quarters of time devoted to School Health Service.)

D. G. Jewell.
Dorothy A. Tincknell. (Miss.)

CLERKS IN ACCOUNTS SECTION. (Part of time of 5 clerks, equivalent to 1½.)

*Posts, although on permanent establishment, held temporarily.

GENERAL STATISTICS.

Area of Administrative County during year ... 1,660,948 acres.

Population of Administrative County during year 1931 Census, 458,757. Estimated, Mid 1944, 486,680.

Value of 1d. rate on area ... £13,075.

	*Nursery	Primary	†Second.	Further	Total
No. of Permanent Closures	—	4	—	—	4
New Schools, or department premises opened	—	—	—	—	—
No. of Schools—Council	—	250	56	7	313
Non-Council	—	225	—	—	225
Total	—	475	56	7	538
No. of children on Register at 31.12.45 :—					
(a) Devon (incl. Unoff. Evacs.) ...	—	§42,325	14,954	607	57,886
(b) Official Evacuees	—	§1,089	327	—	1,416
(c) Total	—	§43,414	15,281	607	59,302
Estimated average attendance		91%	‡	‡	‡

*Other than "War-Time" Nurseries.

†Including Modern Secondary, Grammar and Junior Technical.

‡These figures are not available.

§As at 31.10.45.

Hygiene of School Premises.

As was the case last year, no detailed report is submitted for 1945. It is realised that the hygienic condition of many school premises at the outbreak of war was unsatisfactory, particularly as regards washing facilities and closet accommodation, and since little improvement work has been possible during the war or, as yet, since, it is clear that conditions must have by now deteriorated further. The Assistant County Medical Officers, in the course of their school inspection work, continue to report serious defects, but only in a few of the most urgent instances has action been possible. The powers of the Committee were severely restricted by the war-time ban of the then Board of Education upon building or reconstruction work in connection with hygienic improvement unless it can be shown that the health of the scholars is liable to be seriously endangered. Such a ban leaves no scope for measures designed to improve existing standards of health and welfare in the children.

Government Evacuation Scheme.

At the beginning of the year there were still 12,258 Elementary and 1,867 Secondary School Children in the County, a total of 14,125, but the end of the German War saw the decimation of this figure to 1,416. The figure contained, of course, a large percentage of problem children, those who had lost their parents, or whose homes had been destroyed, or for various reasons could not yet be cared for by their parents. Consequently though practically all the special services for evacuees, including supernumerary staff, had been dispensed with by the end of the year, the "psychiatric" services in connection with evacuees were still in operation. These included the running of the Crownwell Psychiatric Hostel for Maladjusted Evacuees and the part-time employment of a special Psychiatric Social Worker for evacuees.

MEDICAL INSPECTION (General).

The normal procedure of periodical medical and dental examination of all children followed in previous years (except for an unhappy experiment of curtailed periodical examination tried in 1940), was continued until the beginning of the Autumn term, when slightly revised procedure, due to the coming into operation of the Handicapped Pupils & School Health Service Regulations in May, came into force.

Under these Regulations only three "age groups" of children are laid down by the Minister for compulsory periodical medical examination, but the Minister, or with his permission a L.E.A., may arrange for the examination of additional age groups. In order to maintain their previous standard of frequency of periodical examination the Devon Education Committee applied for and received approval from the Minister for the examination of several additional age groups, resulting, together with the compulsory age groups, in the full examination of all children in the following groups :—

(1) Nursery School Children. (At least annual full examination with quarterly survey.)
(2) Primary School "Entrants."
(3) Primary School Children at the age of 10.
(4) Secondary ,, ,, ,, ,, ,, ,, 12.
(5) Secondary ,, ,, ,, ,, ,, ,, 15.
(6) Secondary School "Leavers."

In effect, the only difference from the system previously in operation in Devon is in the third group, in which periodical medical examination of 10 year olds replaces that of 8 year olds. The effect of this slight change, however, is to render the statistics for the results of medical inspection not strictly comparable with those of previous years, especially as regards the incidence of defects and disorders. The alteration in the type of distinction between "Primary" (as opposed to Elementary) and Secondary School Children also affects the statistical analysis.

The arrangements for follow-up examinations ("Re-examinations") and for the special examinations of children outside the Periodical Age Group examinations at the request of a parent, the teacher, or the nurse ("Specials") have not been changed.

TABLE I.

(A) Periodical Medical Examinations.

Primary :—

Entrants	6,489	
Second Age Group	4,369	
Third Age Group	3,475	(Up to 1st April only)
Total ...	14,333	

Secondary Schools :—	*Male.*	*Female.*	*Both Sexes.*	
Entrants	289	239	528	(Up to 1st April only)
12 years old Group ...	968	903	1,871	
15 years old Group ...	500	342	842	
Leavers over 15	152	50	202	
...				
Totals ...	1,909	1,534	3,443	

Primary and Secondary Schools :—

Grand Total—both sexes	17,776

(B) Other (Non-Periodical) Examinations.

Special Examinations :—

Primary Schools	17,646
Secondary Schools	1,133
Total ...	18,779

Re-Examinations (Follow-up) :—

Primary Schools	29,968
Secondary Schools	1,439
Total ...	31,407

Note.—These figures include Examinations at School Clinics as well as those carried out at School.

(C) School Nurses' Visits and Examinations.

No. of visits to Schools (Primary or Secondary) for any purpose during the year ...	7,612
No. of visits to Homes of School Children for any purpose during the year ...	9,936

COMMENTS ON TABLE I.

(A) Periodical Medical Examinations.

The number of periodical medical examinations carried out in 1945 shows a substantial increase over 1944, both *in toto* and in each of the primary and secondary school age-groups except that comprising the secondary school entrants.

(B) Non-Periodical Examinations.

1. *Special Examinations.*

These comprise examinations for a special purpose, such as for a suspected defect or illness, at the request of a parent or teacher, or owing to the suspicions of the School Nurse or doctor, outside the times of the periodical full medical examinations. They also include each attendance at a school clinic of a child for a fresh complaint during the year.

During 1945, the number of these " special " examinations increased to 18,779 as compared with 16,802 in 1944 ; the increase in special examinations of secondary school children from 641 in 1945 to 1,133 is doubtless largely due to the alteration of the secondary school age groups.

2. *Re-Examinations.*

These are examinations of children for " follow-up " purposes, owing to a defect having been discovered at a previous " periodical " or " special " examination, to assess progress and to note whether treatment previously recommended has been obtained and, if so, with what effect.

A substantial increase in re-examinations is recorded for 1945, 29,968 as compared with 24,106 in 1944. This increase is very satisfactory, showing that the value of the periodical or special examinations is consolidated by a better follow-up than was possible under the more difficult conditions of 1944.

Children found to require treatment.

The number of children found at Periodical Examinations to require medical treatment, except for malnutrition, dental disease, dirt or vermin, and the percentage of the total number of children examined in the various categories, are shown in Table II. These percentages are practically the same as in 1944, the only variation worth commenting on being that in the primary school " entrant " age group 11.4% of children examined in 1945 were recorded as needing treatment as compared with 9.8% in 1944. The total, over all age groups, however, was only 9.3% as compared with 9.4% in 1944.

TABLE II.

Children found at Periodical Examination to require treatment.

Number of individual children found at Periodical (" Routine ") Medical Examination to require medical treatment for any condition except Malnutrition (see separate Table IV), dental disorder, verminousness or dirtiness.

	Ages 2, 3, 4 and 5.	*% of those examined.*
Nursery Schools	—	—
(*Note.*—Children in " War-time Nurseries " are inspected under the auspices of the M. & C. W. Committee.)		

Primary Schools.	*No.*		
Entrants	744	11.4	
2nd Age Group	381	8.7	
3rd Age Group	247	8.1	
(Up to 1st April only.)			
Totals	1,372	9.5	
Secondary Schools.			
12 years	200	8.3	
15 years	81	9.6	
Leavers	15	7.4	
Totals	296	8.5	
Further	—	—	
Primary and Secondary Schools Totals	1,668	9.3	

Analysis of Defects found at Periodical and Special Examinations.

This is shown in Table III below—in Section A for " Periodical " and Section B for " Special " examinations.

For purposes of comparison with other areas, or with previous year's findings, Table IIIA is more important and interesting than Table IIIB, since the children examined comprise all in certain age groups, and are not selected because a defect is suspected. The incidence of defects in the latter type of child examined is of course higher than in the former, which should represent a fair sample of Devon school children.

COMMENTS.

Table III A (Periodical) and III B (Special).

The figures for 1945 are not strictly comparable to those for 1944, since there has been a slight change, under the new Regulations, in one of the age groups examined, examination of 10 year old children being substituted for that of the 8 year olds, as from the beginning of the Autumn term. This alteration might, by itself, cause a slight difference in the ascertained incidence of certain kinds of defect discovered at medical examination ; for instance a greater incidence of visual defect might perhaps be expected at age 10 than at 8. Moreover, for the purposes of this report, all children over 10 are now counted as Secondary School children whether they have in fact been admitted to a " modern " secondary school or not. Some of these children although counting as secondary school children as regards medical reasons, are in fact still in all age schools not yet re-organised. But the inclusion of many additional younger children in the secondary school group will undoubtedly alter the statistical figures, particularly with regard to visual defects and teeth. Bearing this in mind, however, the following notes may be of interest.

Skin Disease.

The combined incidence of the common *contagious* skin diseases, Ringworm, Scabies and Impetigo, found to require *treatment*, amounted to only 2.5 defects per 1,000 children examined. This is very satisfactory in comparison with last year's figure of 3.2, and the much higher incidence in previous war years. In 1942 the incidence of scabies was 7.3 per 1,000 periodical examinations and of impetigo 2.6. It must be remembered, however, that skin disease, being often visible to the layman, is usually detected by a teacher or parent or nurse, and the child submitted, therefore, for examination as a " Special " (and, therefore, recorded under Table III B), which might reduce the chances of untreated skin disease being found at the periodical examinations. This is borne out by the fact that 1,150 cases of contagious skin disease were discussed at " Special " examinations, an incidence of 61 per " 1,000 " special examinations.

Visual Defects.

The figures here nicely illustrate the big change which may be produced by alteration of the age groups. The total incidence of distant vision defect *requiring treatment* was 17.4 per 1,000, much less than last year (22.2), probably due to finding more children already treated, by provision of spectacles or otherwise, in the previous year ; but whereas in 1944 there was a very big difference between the incidence per 1,000 Primary (18.5) and Secondary (42) school children, in 1945 the corresponding figures were 15.6 and 24.9 per 1,000, doubtless due to the " dilution " of the secondary group by younger children of 11 " plus," from the " Senior " to the re-named " Modern Secondary " schools. Such children will not suffer from visual defects to the degree affecting older children.

TABLE III (a). Periodical (17,776 examinations).

Defects and Diseases.	Requiring Medical Treatment.						Requiring to be Kept under "Observation" but not requiring Specific Medical Treatment.					
	Number.			Incidence per 1,000 Examinations.			Number.			Incidence per 1,000 examinations.		
	Primary.	*Secondary.*	*Total.*	*Primary.*	*Secondary.*	*Total.*	*Primary.*	*Secondary.*	*Total.*	*Primary.*	*Secondary.*	*Total.*
Intelligence or Mental Condition	30	1	31	2.1	.2	1.7	50	9	59	3.4	2.6	3.3
Psychological Condition	8	—	31	.5	—	.4	21	4	25	1.4	1.1	1.4
Speech	17	3	20	1.1	.8	1.1	27	7	34	1.8	2.0	1.9
Cleanliness	7	—	7	.4	—	.3	79	2	81	5.5	.5	4.5
Pediculosis	9	—	9	.6	—	.5	24	—	24	1.6	—	1.3
Skin Disease—Contagious : Ringworm, Scalp	9	5	14	.6	1.4	.7	11	5	16	.7	1.4	.9
Ringworm, Body	1	—	1	.1	—	.1	—	—	—	—	—	—
Scabies	27	—	27	1.8	—	1.5	21	—	21	1.4	—	1.1
Impetigo	4	—	4	.2	—	.2	13	—	13	.9	—	.7
Other	26	8	34	1.8	2.3	1.9	167	38	205	11.6	11.0	11.5
Teeth—Cleanliness	7	5	12	.4	1.4	.6	29	4	33	2.0	1.1	1.8
Caries	67	39	106	4.6	11.3	5.9	345	97	442	24.1	28.1	24.8
Gums—Gingivitis	1	1	2	.1	.2	.1	10	1	11	.6	.2	.6
Eye : External Eye Dis.	23	6	29	1.6	1.7	1.6	92	20	112	6.4	5.8	6.3
Squint	71	4	75	4.9	1.1	4.2	111	12	123	7.7	3.4	6.9
Visual Acuity—Distance (Snellen)	224	86	310	15.6	24.9	17.4	173	57	230	12.1	16.5	12.9
Close (Jaeger)	5	—	5	.3	—	.2	9	—	9	.6	1.1	.5
Colour Vision	1	2	3	.1	.5	.1	2	2	4	.1	.5	.2
Other Eye Defect	15	2	17	1.0	.5	.9	44	3	47	3.1	.8	2.6
E.N.T. : Defective Hearing	18	3	21	1.2	.8	1.1	44	5	49	3.1	1.4	2.7
Otitis Media	18	6	24	1.2	1.7	1.3	57	4	61	3.9	1.1	3.4
Other Ear Disease	9	1	10	.6	.2	.5	48	9	57	3.3	2.6	3.2
Nose	12	1	13	.8	.2	.7	47	6	53	3.2	1.7	2.9
Enlarged Adenoids	36	2	38	2.5	.5	2.1	190	17	207	13.2	4.9	11.6
Chronic Tonsillitis	205	23	228	14.3	6.6	12.8	1,167	170	1,337	81.4	49.3	75.2
Enl. Adenoids and Chronic T.	237	34	271	16.5	9.8	15.2	406	55	461	28.2	15.9	25.9
Other Nose or Throat Defect	19	2	21	1.3	.5	1.1	74	36	110	5.1	10.4	6.1
Enlarged Cervical Glands (Non-Tub.)	12	4	16	.8	1.1	.9	709	59	768	49.4	17.1	43.2
Blood (Anaemia, etc.)	15	4	19	1.0	1.1	1.1	240	49	289	16.7	14.2	16.2
Heart—Organic	13	—	13	.9	—	.7	136	53	189	9.4	15.3	10.6
Functional	5	3	8	.3	.8	.4	184	37	221	12.8	10.7	12.4
Rheumatism or Chorea	—	—	—	—	—	—	19	7	26	1.3	2.0	1.4
Lungs—Bronchitis	14	—	14	.9	—	.7	152	16	168	10.6	4.6	9.4
Other Non-Tuberculous	17	1	18	1.1	.2	1.0	131	19	150	9.1	5.5	8.4
Tuberculosis (all forms)	15	2	17	1.0	.5	.9	37	4	41	2.5	1.1	2.3
Nervous System	9	—	9	.6	—	.5	75	10	85	5.2	2.9	4.7
Alimentary—Appetite	—	—	—	—	—	—	7	—	7	.4	—	.4
Digestion	—	—	—	—	—	—	12	4	16	.8	1.1	.9
Constipation	—	—	—	—	—	—	14	4	18	.9	1.1	1.0
Abdominal Organs	2	2	4	.1	.5	.2	33	4	37	2.3	1.1	2.1
Sex Organs—Testes, Catamenia, etc.	1	2	3	.1	.5	.1	136	30	166	9.4	8.7	9.3
Skeletal Defects—Past Malnutrition	10	—	10	.6	—	.5	119	12	131	8.3	3.4	7.3
Other Cause	45	9	54	3.1	2.6	3.0	200	24	224	13.9	6.9	12.6
Posture (Standing)	50	22	72	3.4	6.3	4.1	255	46	301	17.7	13.3	16.9
Other Deformities	180	30	210	12.5	8.7	11.8	473	164	637	33.0	47.6	35.8
Other Disease or Defect	65	10	75	4.5	2.9	4.2	238	65	303	16.6	18.8	17.0

TABLE III (b). At Special Examinations (Selected Cases, 18,779 examinations).

Defects and Diseases.	Requiring Medical Treatment.						Requiring to be Kept under "Observation" but not requiring Specific Medical Treatment.					
	Number.			Incidence per 1,000 examinations.			Number.			Incidence per 1,000 examinations.		
	Primary.	*Secondary.*	*Total.*	*Primary.*	*Secondary.*	*Total.*	*Primary.*	*Secondary.*	*Total.*	*Primary.*	*Seconadry.*	*Total.*
Intelligence or Mental Condition	7	1	8	.4	.8	.4	5	1	6	.3	.8	.3
Psychological Condition	1	—	1	.1	—	.1	10	—	10	.5	—	.5
Speech	5	3	8	.3	2.6	.4	4	2	6	.2	1.7	.3
Cleanliness	4	—	4	.2	—	.2	4	—	4	.2	—	.2
Pediculosis	2	—	2	.1	—	.1	5	—	5	.3	—	.2
Skin Disease—Contagious : Ringworm, Scalp	19	—	19	1.1	—	1.0	—	—	—	—	—	—
Ringworm, Body	74	3	77	4.1	2.6	4.1	1	2	3	.1	1.7	.2
Scabies	388	—	388	21.9	—	20.6	9	—	9	.5	—	.5
Impetigo	666	—	666	37.7	—	35.4	4	—	4	.2	—	.2
Other	1,555	—	1,555	88.1	—	82.8	42	10	52	2.3	8.8	2.8
Teeth—Cleanliness	1	2	3	.1	1.7	.2	1	5	6	.1	4.4	.3
Caries	12	2	14	.6	1.7	.7	30	5	35	1.7	4.4	1.8
Gums—Gingivitis	1	—	1	.1	—	.1	1	3	4	.1	2.6	.2
Eye : External Eye Dis.	5	2	7	.2	1.7	.3	15	9	24	.8	7.9	1.3
Squint	19	5	24	1.1	4.4	1.2	21	5	26	1.1	4.4	1.3
Visual Acuity—Distance (Snellen)	54	39	93	3.1	34.4	4.9	34	27	61	1.9	23.8	3.2
Close (Jaeger)	1	3	4	.1	2.6	.2	—	—	—	—	—	—
Colour Vision	1	3	4	.1	2.6	.2	1	5	6	.1	4.4	.3
Other Eye Defect	191	4	195	10.8	3.5	10.4	8	3	11	.4	2.6	.5
E.N.T. : Defective Hearing	10	3	13	.5	2.6	.6	10	2	12	.5	1.7	.6
Otitis Media	6	1	7	.3	.8	.3	9	5	14	.5	4.4	.7
Other Ear Disease	359	1	360	20.3	.8	19.1	16	5	21	.9	4.4	1.1
Nose	1	—	1	.1	—	.1	5	—	5	.3	—	.2
Enlarged Adenoids	7	—	7	.4	—	.3	21	1	22	1.1	.8	1.1
Chronic Tonsillitis	33	6	39	1.8	5.2	2.1	101	23	124	5.7	20.3	6.6
Enl. Adenoids and Chronic T.	42	6	48	2.3	5.2	2.5	44	15	59	2.4	13.2	3.1
Other Nose or Throat Defect	9	3	12	.5	2.6	.6	12	13	25	.6	11.4	1.3
Enlarged Cervical Glands (Non-Tub.)	3	—	3	.1	—	.2	49	25	74	2.7	22.1	3.9
Blood (Anaemia, etc.)	2	—	2	.1	—	.1	32	28	60	24.7	1.8	3.2
Heart—Organic	2	1	3	.1	.8	.2	26	16	42	1.4	14.1	2.2
Functional	—	—	—	—	—	—	19	16	35	1.1	14.1	1.8
Rheumatism or Chorea	2	2	4	.1	1.7	.2	4	1	5	.2	.8	.2
Lungs—Bronchitis	2	2	4	.1	1.7	.2	11	1	12	.6	.8	.6
Other Non-Tuberculous	4	—	4	.2	—	.2	23	8	31	1.2	7.1	1.6
Tuberculosis (all forms)	2	1	3	.1	.8	.2	4	3	7	.2	2.6	.4
Nervous System	—	—	—	—	—	—	8	3	11	.4	2.6	.5
Alimentary—Appetite	—	—	—	—	—	—	—	—	—	—	—	—
Digestion	1	—	1	.1	—	.1	4	—	4	.2	—	.2
Constipation	—	—	—	—	—	—	—	3	3	—	2.6	.2
Abdominal Organs	—	—	—	—	—	—	1	—	1	.1	—	.1
Sex Organs—Testes, Catamenia, etc.	—	1	1	—	.8	.1	8	2	10	.4	1.7	.5
Skeletal Defects—Past Malnutrition	—	1	1	—	.8	.1	9	—	9	.5	—	.4
Other Cause	4	2	6	.2	1.7	.3	22	1	23	1.2	.8	1.2
Posture (Standing)	11	8	19	.6	7.1	1.0	21	12	33	1.1	10.5	1.7
Other Deformities	40	21	61	2.2	18.5	3.2	67	41	108	3.7	36.1	5.7
Other Disease or Defect	9,380	14	9,394	531.5	12.3	500.2	219	15	234	12.4	13.2	12.4

Squint.

At 4.2 *requiring treatment* per 1,000 this shows no significant change from 1944 (4.5).

Defective Hearing and Ear Disease.

The *ascertained* incidence of defective hearing requiring treatment is very low, 1.1 per 1,000, as it was also in 1944 (1.7). The same applies to active otitis media (middle ear disease) requiring treatment, the principal cause of deafness in school children (1.3 per 1,000 in 1945, 1.4 in 1944); but without audiometry it is certain that some children with minor degrees of deafness escape detection and it is probable that some cases of otitis media similarly escape. The Torquay Education Committee possessed a gramophone type electric audiometer and this has now passed to the Devon County School Health Service. Routine testing of hearing by the audiometer is a development which is overdue, but it would require several audiometers which, with the accompanying earphones, are expensive and difficult to obtain since the war, and I do not think that the present staff of Health Visitors could spare the time to carry out the tests as well as the routine visual tests as at present. Audiometry lends itself well, however, to group testing, e.g. of a whole class at a time, and when the apparatus becomes more readily obtainable, periodical audiometry of all school children will probably be desirable, and the possibility of those tests being undertaken by teachers should be explored.

Adenoids and Tonsils.

There is a slight improvement, though the figures show a higher incidence of enlarged adenoids *together* with chronic tonsillitis requiring treatment than last year, balanced, however, by a lower incidence of the two conditions occurring separately. This "adjustment" should be looked upon with statistical suspicion however. It should be noted that in a much larger proportion of children examined these diseased conditions were found to be present but to a degree requiring, for the time being, only "observation" (pending a follow-up re-examination a few months later), as distinct from active treatment of the adenoids or tonsils direct. During such observation periods contributory causes of the conditions, such as unhealthy teeth, inadequate use of the handkerchief, and defective feeding, can receive treatment.

Incidence per 1,000 Children at Periodical Medical Examination.

	Requiring Surgical Treatment.			Not requiring immediate Surgical Treatment, but "Observation" pending general treatment of child.		
	Prim.	*Sec.*	*Total.*	*Prim.*	*Sec.*	*Total.*
Adenoids only	2.5	0.5	2.1	13.2	4.9	11.6
"Chr. Tonsillitis" only ...	14.3	6.6	12.8	81.4	49.3	75.2
Both Adenoids and Tonsillitis	16.5	9.8	15.2	28.2	15.9	25.9

In considering these figures, it should be borne in mind that the incidence of enlarged adenoids, either alone or with unhealthy tonsils, referred for "treatment" is probably greatly understated, because when tonsils are found unhealthy it is not always considered justifiable to examine the adenoids, since for complete examination this may require insertion of a finger into the post-nasal space. If the tonsils are recommended for operation, it is assumed, that the operating Surgeon will examine the adenoids thoroughly while the patient is under the anaesthetic, and remove them if enlarged or diseased. Hence, many of the cases recorded under the heading "Chr. Tonsillitis only" probably had diseased adenoids also. In the younger age groups, diseased tonsils are almost invariably accompanied by pathological adenoids, but as the child ages, and especially after puberty, the adenoids tend to disappear.

Enlarged Cervical Glands.

The incidence of non-tuberculous enlargement of the lymphatic glands in the neck in children is a reflexion of the incidence of diseased tonsils. The following is the record of the results of "periodical" examination since 1940 :—

	Needing Specific Treatment per 1,000 inspected.			Needing observation only pending other treatment (e.g. to tonsils) per 1,000 inspected.		
1940 Elementary only ...	1.9			45.3		
1941 ,, ,, ...	1.1			42.9		
1942 ,, ,, ...	1.0			23.1		
1943 ,, ,, ...	0.6			37.3		
	Prim.	*Sec.*	*Total.*	*Prim.*	*Sec.*	*Total.*
1944	0.6	0.9	0.7	52.7	27.4	48.7
1945	0.8	1.1	0.9	49.4	17.1	43.2

Organic Heart Disease.

This condition, occurring in children examined *at school*, is in most cases recorded among the group " requiring observation " as opposed to needing active treatment. The incidence of this has risen from 8.3 in 1944 to 10.6 per 1,000.

Tuberculosis (all forms).

The rise in the incidence of pulmonary tuberculosis in the population generally throughout the country during the war did not occur in Devon, nor did the war-time expected rise in incidence among school children. Separate figures for pulmonary tuberculosis discovered at periodical medical examination are not available, but the figure for tuberculosis of all types (the majority of the cases in children are glandular) showed no recent increases until this year, when 17 cases requiring active treatment and 41 requiring only " observation " (quiescent or healed cases chiefly) were reported as compared with 6 and 29 last year.

It must be borne in mind, moreover, that some cases of suspected tuberculosis, especially of the pulmonary type, may be diagnosed by family doctors or by the Medical Officer at the School Clinic, or at special examination in school, and thence referred to the Tuberculosis Officer, escaping the *periodical* examinations in school. Another 3 cases of tuberculosis (any form) needing treatment and 7 cases needing only " observation," were reported in 1945 among " special " examinations in School.

Defects of the Nervous System.

These include paralysis, etc., and at present may also include psychoneuroses, but these should in future more properly be classified under the new heading of " maladjustment." Defects of the nervous system have come sharply into the picture during 1945, not as regards the need for active treatment but certainly for " observation," for 85 cases (4.7 per 1,000) were recorded as compared with only 4 cases in 1944. Clearly the latter figure is misleading and no doubt a number of cases that might have been included among " nervous diseases " had been classified instead as " cripples " or " orthopaedic " cases.

NUTRITIONAL CONDITION OF THE SCHOOL CHILDREN.

The assessment of the nutritional condition of the primary and secondary school children was made during 1945 in the same manner as in 1943 and 1944, that is, by thorough medical examination at the time of periodical medical inspection of the prescribed age groups. No special nutrition surveys were made, since, if these are to be conducted with sufficient care to be of value, they absorb nearly as much time as a full periodical examination. Even the assessments made at these full examinations, depending as they do very largely upon the child's state on the actual day of inspection, with insufficient background of history and knowledge of the actual economic, feeding, and other home and family conditions, are probably of questionable value, as I have suggested in previous annual reports. It is considered by many School Medical Officers that the figures are definitely misleading and dangerous. Indeed, it is understood that the clinical assessment of nutritional condition by School Medical Officers will probably be dropped as a requirement of the Ministry of Education in the near future. Indeed, I believe that the statistics now being collected for the year 1946 will be the last compiled from the results of periodical medical examinations, assessment of " nutritional " condition being replaced in future by assessment of " general physical " condition. Perhaps this means much the same thing however.

TABLE IV.

Classification of the Clinical Assessment of the Nutritional Condition of Children Examined at the Periodical (Age Group) Inspections during the year.

Age Group.	No. Inspected.	A (" Excellent ").		B (" Normal ").		C (Slightly Subnormal)		D (Bad).		Total Malnourished (C *plus* D).	
		No.	%	*No.*	%	*No.*	%	*No.*	%	*No.*	%
Primary Schools.											
Entrants	6,489	1,295	19.9	4,402	67.8	776	11.9	16	.2	792	12.2
Intermediate Group	4,369	887	2.03	2,919	66.8	550	12.5	13	.29	563	12.8
Third Age Group	3,475	875	26.1	2,217	74.8	373	11.8	10	.3	383	12.0
TOTAL ...	14,333	3,057	21.3	9,538	66.5	1,699	11.8	39	.2	1,738	12.1
Secondary Schools.											
Entrants	528	135	25.5	339	64.2	54	10.2	—	—	54	10.2
12 year old Group	1,871	412	22.02	1,248	66.7	205	10.9	6	.3	211	11.2
15 year old Group	842	247	29.2	560	66.5	34	4.03	1	.1	35	4.2
Leavers over 15	202	80	39.6	117	57.9	5	2.4	—	—	5	2.5
TOTAL ...	3,443	874	25.3	2,264	65.7	298	8.6	7	.2	305	8.8
Primary and Secondary Schools.											
GRAND TOTAL	17,776	3,931	22.1	11,802	66.3	1,997	11.2	46	.2	2,043	11.51

In my Annual Report for 1943, a table was included which showed the varying percentages of children assessed as " malnourished " (Categories C and D) by each of the separate Assistant County Medical Officers. These percentages ranged widely on either side of the " average " (arithmetic mean) of the lot. Indeed, the statistical measure of this deviation, known as the " Standard Deviation," amounted to no less than 6.5%, which means that the actual " average " percentage—14.8% in 1943—of malnutrition was subject to sampling error to the extent of 6.5 on either side of 14.8, giving a range of 8.3% to 21.3% malnourished.

This investigation was sufficient to show the limited value of the " average " malnutrition percentage found among the school children, and has not been repeated since 1943.

The results of the assessment work during 1945 as shown in Table IV below and the comments thereon, must therefore be considered in the light of the shortcomings revealed in the 1943 analysis.

COMMENTS.

In the past, interesting comparisons between the nutritional condition of secondary and elementary school children have been possible owing to the examination of children of almost similar age groups in each, i.e. elementary school leavers and the 2nd (12 year) secondary age group. These comparisons have consistently shown the secondary school children of that age to be better nourished than the elementary school children, and to an extent that is statistically significant. Although for this last year, the two groups of comparable age still appear in both primary and secondary sections of the tables they are no longer valid for comparison, since during the third term of the year all children over 11 were considered as " secondary " school children, whether they had been actually placed in " modern " or other secondary schools or whether they were still in not yet reorganised primary schools. These circumstances probably account for the fact that the difference between the malnourishment percentages of 12.0 in the 13 year old primary and 11.2 in the 12 year old secondary groups is no longer large enough to be statistically significant.

In general, the figures suggest a steady relative nutritional improvement after the age of 12, and a generally slightly lower incidence of malnutrition in every one of the age groups as compared with last year, resulting in an average figure of 8.8% malnutrition for all ages as compared with 11.6% in 1944, an improvement which in spite of the unreliability of the assessments must be regarded as encouraging. With little doubt the further big extension in school feeding during the year is largely responsible for this improvement.

Measures for the Promotion of Good Nutrition.

Of such measures, the two which are at present most important and effective for the school child are improvement in the child's feeding, in particular, the filling in of any gaps left in the home provision of essential foodstuffs, and ensuring that the child gets sufficient rest, especially sufficiently long sleep. Education of parents (and, through domestic subjects teaching of elder children, future parents also) plays a major part in promoting those measures ; indeed, in the case of the latter, there is not much else that can be done, especially with the long, light evenings of double summertime. But direct provision of food, through the school meals and milk schemes, is of supreme importance, especially at the present time, when strict rationing still applies and in most households there is still far too big an allocation of meat and cheese to the father who needs those " growth " foods less than do his growing children.

Provision of Meals (other than Liquid Milk).

The following report has been submitted by the Chief Education Officer :—

" During the year 1945 there was a steady increase in the number of Devon children taking a mid-day meal at school, even though development was still considerably delayed by the difficulty in obtaining the consent of planning authorities to the erection of prefabricated huts. These difficulties had, however, generally been overcome by the end of the year.

" One important development was that the Ministry of Education were able to advise Local Education Authorities to begin planning more individual canteens and fewer central kitchens and cooking depots. Moreover, they urged that schools should be provided with a dining room and so make possible a great improvement in the general facilities for the schools meals service.

" The large kitchens served a useful purpose during the war years, when labour and materials were scarce, and when many had, in any case, to be provided for emergency feeding purposes. The majority of them have provided meals of a high standard but, on the whole, the individual canteen, where the meal is served straight from the kitchen to the dining table, is to be preferred. There are fewer risks of a loss in the nutritional value of the meal and the difficulties of finding transport disappear.

" The Committee's general policy is to provide as many schools as possible with their own kitchen and dining room. The new policy, however, would have demanded a large number of very small kitchens and the Committee decided that they would have to retain or plan some central kitchens, but only where the distance from the kitchen to the schools was small.

" One other development designed to improve the quality of the meal, and also to relieve Heads of the direct responsibility of running a canteen, is the provision of trained supervisors for one or more kitchens. There is a serious shortage of trained women and the Committee will soon be considering a scheme for the training within the county of women suitable for the work.

" In spite of delays in obtaining labour, materials and equipment, 8 individual canteens and 57 dining centres were opened during the year, and conditions in many existing kitchens were improved.

	1944.	1945.
" Number of canteens and dining centres	381	463
Number of Primary children taking mid-day meal daily ...	21,849	15,797
Percentage of children taking meals	48.1%	49.9%
Number of Secondary children taking mid-day meal daily ...	4,255	9,402
Percentage of children taking meals	52.62%	63.21%

" It will be noted that the actual number of children taking meals at the end of 1945 was less than in 1944, but this was accounted for by the return of evacuees. The percentage had considerably increased. "

COMMENTS BY SCHOOL MEDICAL OFFICER.

The above report shows a satisfactory development of school feeding during the year, and the Canteen Organiser and staff are to be congratulated.

Information I receive from the Assistant School Medical Officers leads to the conclusion that school meals cooked at the schools are generally better in quality than those transported in heat insulated containers from central kitchens or cooking depots. There are several reasons why the superiority of the locally cooked meal is, indeed, to be expected, but perhaps the chief are :—

(1) The need in the larger kitchens for vegetables to be prepared the day before use. This is because the meals have to be ready for the transporting vans from half to one and a half hours before the children's dinner time, to allow for the meals reaching the school furthest from the depot in time. For the meals to be cooked in time they must be put in the present type of slow cooker first thing in the morning. This gives no time for the staff, under such circumstances, to prepare the vegetables on the day they are to be cooked, with the result that the vegetables lose attractiveness and flavour as well as suffer a greater loss of vitamin C content than would in any case occur through the slow cooking in large boilers or steamers followed by the further period in the insulated containers during transit.

(2) During transit in the container some water of condensation inevitably forms, which, besides spoiling the consistency of some of the foods which should normally be of a dryish or crisp texture, seems to acquire a peculiar flavour which it then imparts to food.

A further note which may be of interest concerns the use of iodized instead of ordinary salt in the canteens, both for table and culinary purposes. Investigations in 1944 and 1945 by Dr. Dagmar Wilson and Professor J. A. Ryle, from the Nuffield Institute of Social Medicine, Oxford, under the auspices of the Medical Research Council, showed (as was indeed known from earlier observations) a fairly high incidence of goitre among school children in certain areas of the County, notably on the fringes of Dartmoor. Analysis of water supplies in some of the areas showed a relatively low iodide content, sometimes with a relatively high fluoride content. Particularly in the latter case, in which the fluorine displaces the weaker halogen iodine (thereby tending to increase the incidence of goitre while protecting, by means of fluorine, dental enamel against decay), the water supply provides no compensating source of iodine in land areas poorly served for supplies of marine fish, and in which vegetables grown on iodine poor soil would be expected to contain less iodine than usual.

As a result of this investigation all canteens throughout the County have been advised to use iodized instead of ordinary salt for all canteen purposes. It was not possible, however, to ascertain how many of the canteens had put this advice into effect by the end of the year.

MILK IN SCHOOLS.

The following three tables—A, B, and C—outline the position with regard to Milk in Schools during 1945. With regard to Table C, which analyses the types of milk supplied, it is satisfactory to note that the percentages of both Tuberculin Tested and Pasteurised School Milk supplies is increasing, though there are still far too many schools where these relatively safe milks cannot be obtained. Schools taking T.T. milk rose from 10.8% in 1944 to 15.0% in 1945. Wherever a supplier of T.T. or properly pasteurised milk becomes available for a school which has only an Accredited or an ordinary milk supply, the supply is changed. A total of 40% of school supplies were, at the end of the year, either "T.T.", "Pasteurised" or "Dried."

TABLE A.

	Primary.	*Secondary.*
No. of children on books : Devon	34,232	15,580
Evacuees	900	356
	35,132	15,936
No. of children present on selected day	31,653	14,888
No. of children present on selected day taking milk ...	24,651 (incl. 2,962 free)	7,982 (incl. 903 free)
Percentage of children present and taking milk out of total present on day	77.9%	53.6%
Total number of schools (including evacuated units) ...	471	60
Percentage of schools with scheme in operation ...	92.1%	98.3%

TABLE B.

	Schools not receiving milk.		Schools receiving milk.	
	No.	*Percentage.*	*No.*	*Percentage.*
Nursery Primary ...	37	7.9	434	92.1
Secondary	1	1.7	57	85.0
Further Sec.	—	—	2	3.3
Totals ...	38	7.1	493	92.8%

TABLE C.

	T.T.		Past.		Acc.		Non-Des.		Dried.		*To-tal.*
	No.	%	*No.*	%	*No.*	%	*No.*	%	*No.*	%	
Nursery Primary ...	61	14.0	72	16.5	147	33.8	125	28.8	29	6.0	434
Secondary ...	13	22.0	22	38.9	17	28.8	5	8.4	—	—	57
Further Sec. ...	—	—	1	1.7	1	1.7	—	—	—	—	2
Totals	74	15.0	95	19.2	165	33.4	130	26.3	29	5.8	493

Table B shows the percentage of the types of milk supplied.

Veterinary Inspection of Herds.

Mr. A. Beynon, Divisional Inspector, Ministry of Agriculture and Fisheries, has kindly supplied the following report on work which his department has kindly undertaken during the year with regard to herds supplying " undesignated " raw school milk supplies. Herds supplying T.T. or Accredited milk are, of course, veterinarily inspected under the Milk (Special Designations) Order, 1936, but herds supplying ordinary milk are seldom inspected except under some special scheme such as that which Mr. Beynon has been able to provide.

> " 446 inspections of non-designated herds, which supply milk to schools, were carried out and a total of 5,429 cattle were examined.
>
> 13 cows were found to be suffering from mastitis, and 1 cow was found affected with tuberculosis (emaciation) and was slaughtered under the Tuberculosis Order.
>
> According to our records, 132 non-designated herds were supplying milk in schools."

TABLE V.

Verminous and Dirty Conditions.

	Primary and Secondary (excluding Grammar)		
	Routine.	*Casual.*	*Routine and Casual.*
1. Average number of visits per school made during the year by each School Nurse or Nursing Assistant	5.5	2.8	8.5
2. Total number of examinations of children in Schools by the School Nurses or Nursing Assistants	126,184	12,187	138,371
3. Number of children found infested ...	3,905	713	4,618
4. " Infestation Index." No. of Individual children found infested × 100 / Estimated average attendance	7.0%	—	—
5. Number of individual children disinfested under Section 54 (3) of the Education Act, 1944	164	165	329

6. Number of cases in which legal proceedings were taken :—	
Under the Education Act, 1921	*Nil.*
Under the School Attendance Bye-Laws (prior to 1.4.46) ...	2
7. Number of cases in which legal proceedings were taken :—	
Under Section 54 (6) of the Education Act, 1944 ...	*Nil.*
Under Section 54 (7) of the Education Act, 1944 ...	*Nil.*
8. Number of successful prosecutions under Section 54 (6) of the Education Act, 1944	*Nil.*
Number of successful prosecutions under Section 54 (7) of the Education Act, 1944	*Nil.*

VERMINOUSNESS.

Table V outlines the work carried out by the staff during the year. The examination of children for both verminous and dirty conditions is carried out principally by the Health Visitor/School Nurses, assisted by a number of Nursing Assistants (17)—unqualified women trained and supervised by the H.V./S.N's and without whom the work could not have been carried out to the full extent which it has during the last two years. It was thought that the greater difficulties imposed by Section 54 of the Education Act, 1944, as compared with the older procedure under the 1921 Act, would necessitate the appointment of further Nursing Assistants so that each of the 37 H.V./S.N's would have an assistant, but in the end the Committee decided to attempt the work with the existing staff.

The increased difficulty lies in the reduced power to deal with a child which has been ascertained as verminous. Under the 1921 Act, the onus of disinfesting and keeping a child subsequently free of vermin could be emphasized by excluding verminous children from school repeatedly, and if this procedure resulted in substantial loss of education, to prosecute the parents under School Attendance Bye-Laws. This is impracticable under the 1944 Act, however, as under Section 54 (7) it is necessary to prove *wilful* default of the parent. This is so difficult as to be nearly impossible in practice. It is, therefore, necessary to resort far more frequently to compulsory cleansing, and then if recurrent verminousness continues, to prosecute under Section 54 (6), in which only " neglect " as opposed to " wilful default " of the parent must be proved. It was this anticipated great increase in the amount of compulsory cleansing to be undertaken by the staff which suggested that more nursing assistants would be required in future.

However, by concentrating the available staff of nursing assistants in the more urban areas, the situation has been kept fairly well in hand, though with a certain general overloading of the Health Visitor Service, which has caused the routine visiting of infants in certain areas to fall into moderate arrears.

Extent of Verminousness.

As indicated in Table V the " infestation index " (or percentage of the estimated average number of children in attendance found at periodical vermin surveys to be verminous for the first time in each year) was 7.0% for 1945.

This is a most marked improvement over 1944 with its index of 10.7% and over 1943 and 1942 with 10.1% and 11.9% respectively. The improvement may be due to several factors, such as the direct work of the increased staff, their indirect propaganda effect, health education in the schools, (though teachers do not appear to have given much formal instruction on verminousness, they have certainly been co-operating splendidly in the general campaign), and to some measure of relief to some of the overburdened housewives, on the return of their husbands from service, or on the loss of their billeted evacuees returned to their homes. National propaganda may also have helped, especially the talks on lousiness by the " Radio Doctor."

Welcome as the improvement is after a period of three or four years with none, (the infestation index was not calculated in 1941 and 1940), and although the 1945 Devon index probably compares favourably with that in other counties which use the same strict standards of verminousness, and is much better than the index for most cities, yet an index of 7.0% is still high enough to be ashamed of.

The improvement in Devon is an " average " over the whole County, and does not apply to certain districts. The following extract from the individual annual report of one of the Assistant County Medical Officers—Dr. Edith Davies, in charge of No. VI area (Ashburton, Buckfastleigh, Totnes, Dartmouth, Brixham urban districts ; Totnes rural district, East of Dart ; Girls' Grammar Schools in Torquay)—is interesting :—

> " I think there is generally a deterioration in the standard of cleanliness. Health Visitors in most districts find that there are more verminous children. Dirty feet and ' grubby ' underwear are more common too. A practical attitude must be assumed towards this matter. The cause lies in
>
> (1) bad housing and overcrowding (I frequently find that parents of three children have one living room and one bedroom and I am amazed in many cases at the high standard of cleanliness but it is only in the exceptional person that this can be maintained) ;
>
> (2) employment of mothers, many of them are so tired after a day's war work and home duties that they relax their standard of personal cleanliness regarding the children ;
>
> (3) the inadequacy of the present ration of soap in the ordinary home ;
>
> (4) the non-existence of combs, many households have only one comb between the family and cannot obtain more whatever they are prepared to give. A home for 50 boys I know has only 7 or 8 combs which were collected from friends ;
>
> (5) wireless campaigns endeavouring to get the married women to go out and do war work by telling them that a little dirt did not matter and that the soap ration was adequate.
>
> I feel that the medical profession should use all its influence to support a campaign for the adequate housing of the people and the provision of means of cleanliness. Cleansing by the Local Authority would then be needed far less frequently and the incidence of scabies greatly reduced.
>
> The clothing of children is generally surprisingly good considering the difficulties of coupons and supply. Children's shoes are, however, often very bad and it is to be hoped that greater supplies of better quality will soon be on the market."

TREATMENT SERVICES.

A.—MINOR AILMENTS, TREATMENT AT SCHOOL CLINICS.

Treatment of Minor Ailments continued as usual during the year, most of the work being carried out at School Clinics, though occasionally in isolated rural schools a child is treated in school by a school nurse. No arrangements have been made by the Committee for treatment of school children in such isolated places, where there is no clinic, by allowing them to attend a local doctor's surgery. Indeed there must be very few places where there is a doctor's branch surgery but no school clinic.

The number of premises at which school clinic sessions were held was 59 at the beginning of the year and 56 at the end, some very small rural clinics, chiefly necessitated when evacuees were numerous, being closed on reduction of need and improvement of public transport to larger centres, while the clinics at Barnstaple, Tiverton and Torquay were taken over as from April 1st. The premises vary greatly in character, ranging from the village hall, or room loaned occasionally by a school, and at which sessions are held perhaps twice a month, up to miniature health centres open daily for some school health purpose or other, such as the clinics at Torquay, Newton Abbot, Paignton and Barnstaple. The 56 premises include some rural maternity and child welfare centres at which the first half hour of each session is devoted to school clinic work.

The scope of treatment provided at the school clinics has been slightly increased following the coming into force of the Education Act, 1944, and medicinal treatment, which was previously not allowed at school clinics, is now permissible.

TABLE VII.

Minor Ailments (excluding Verminousness and Dirtiness).

	Number of Defects treated or under treatment during the year at Clinics attended by a Medical Officer.				
	Under the Authority's Scheme.		Otherwise.		Total.
	Prim. and Sec.	*Total.*	*Prim. and Sec.*	*Total.*	*Grand Total.*
SKIN.					
Ringworm—Scalp :					
(1) Radiological Treatment ...	25	25	—	—	25
(2) OtherTreatment	13	13	11	11	24
Ringworm—Glabrous Skin ...	130	130	26	26	156
Scabies	608	608	118	118	726
Impetigo	1,376	1,376	67	67	1,443
Other Skin Diseases	1,987	1,976	27	27	2,014
MINOR EYE DEFECTS (including External Eye Conditions but excluding cases falling in Group 2)	555	555	10	10	565
D. Vis.	648	648	8	8	88
Squint	80	80	16	16	664
EAR DEFECTS	458	458	13	13	471
MISCELLANEOUS (Minor Injuries, Sores, Sore Throats, etc.)	14,455	14,455	187	187	14,642
Total	20,321	20,321	483	483	20,807

This Table refers to the number of defects, not the number of children treated. One child may be treated several times for the same defect, or for different defects. These figures for defects include those treated at or through those School Clinics conducted by a Health Visitor only.

The following short Table gives additional information with regard to work mostly done at Auxiliary School Clinics conducted by a School Nurse without a Medical Officer. These numbers are distinct from those in the main table above.

Number of Attendances at School Nurses' Clinics . (Up to 1.4.46.)			No. of Cases Treated. (Up to 1.4.46.)		
Prim.	*Sec.*	*Total.*	*Prim.*	*Sec.*	*Total.*
*6,828	—	6,828	6,729	—	6,729

*These figures relate to the period 1.1.45 to 31.5.45. Figures from 1.6.45 to end of year are included in full Minor Ailments Table above.

TABLE VIII (*a*).

Squint and Defective Vision (excluding Minor Eye Defects included in Table VII).

	Number of Defects dealt with during the Year.											
	Under the Authority's Scheme.				Otherwise.				Total.			
	Nurs.	*Prim.*	*Sec.*	*Total.*	*Nurs.*	*Prim.*	*Sec.*	*Sec.*	*Nurs.*	*Prim.*	*Sec.*	*Total.*
Errors of Refraction and Squint other than Orthoptic & Operative treatment	—	5,688	3,724	9,412	—	129	90	219	—	5,817	3,814	9,631
Other Defect or disease of the eyes	—	156	135	291	—	10	10	20	—	166	145	311
TOTAL ...	—	5,844	3,859	9,703	—	139	100	239	—	5,983	3,959	9,942
Spectacles.												
No. of children for whom spectacles were (*a*) prescribed ...	—	1,243	788	2,031	—	51	28	79	—	1,294	816	2,110
(*b*) obtained ...	—	1,193	769	1,962	—	51	28	79	—	1,244	797	2,041

Table VIII indicates the year's work in the treatment of these "minor" ailments. There is a reduction, as compared with 1945, in the total number of defects treated at the clinics, from 23,869 to 20,804. There are special reductions in the following defects treated.

(1)	Ear Disease	Reduction from	587 to	471
(2)	Ringworm of the smooth skin ...	,, ,,	186 ,,	156
(3)	Scabies	,, ,,	959 ,,	726
(4)	Impetigo	,, ,,	2,394 ,,	1,443
(5)	"Miscellaneous" conditions ...	,, ,,	17,262 ,,	14,642

It should be also noted, however, that ringworm of the scalp showed practically no change and that skin defects other than ringworm, scabies and impetigo treated at the clinic increased from 1,230 to 2,014.

B.—TREATMENT OF CERTAIN SPECIAL DEFECTS.

Eye Defects (other than minor ailments).

1. Defective Vision and Squint (other than operative or orthoptic treatment)—Provision of Spectacles.

The work carried out during the year is shown in Table VIII (*a*). There was a slightly higher number of spectacles prescribed (2,110) and a considerably greater number actually provided (or obtained (2,041) as compared with 1944, in which 1,735 spectacles were actually obtained.

2. Squint.

Table VIII (*b*) indicates the work done at the orthoptic clinics at the Exeter and Plymouth Eye Infirmaries. Next year figures for treatment at the Torquay Orthoptic Clinic, re-opened at the Central School Clinic following the appointment by the Committee of a half-time County Orthoptist, will also be available. It should be noted that in so far as in-patient treatment is concerned, after 1st July the figures are also included in the main hospital treatment table No. XI.

Orthoptics.

The work carried out at the orthoptic clinics is indicated in the following table :—

TABLE VIII (*b*).

Note.—Cases receiving in-patient hospital treatment after 1st July, 1945, are also included in Tables XI (*a*) and (*b*).

	Exeter Eye Infirmary.	Plymouth Eye Infirmary.	Total.
New Cases seen	23	1	24
Old Cases seen	14	—	14
Total seen	37	1	38
Cases on treatment at end of year ...	17	1	18
Cases cured	9	—	9
Cases discharged with cosmetic result only	6	—	6
Received operative treatment ...	13	—	13
Awaiting operative treatment	3	—	3
Discharge (as failures or on account of bad attendance or refusal to accept treatment)	10	—	10
Left district	5	—	5
On waiting list	3	—	3
Total Attendances	353	18	371

The following reports have been submitted by the two County Oculists, Dr. Margaret L. Foxwell and Dr. W. G. Hutton :—

Ophthalmic Report. Eastern Area, 1945.

The ophthalmic work has been influenced during the year chiefly by

(1) Changes affecting the schools generally :—
  (*a*) Return of evacuees.
  (*b*) Re-organisation of schools, which has been speeded up during this year.

(2) Changes affecting the ophthalmic work specifically :—
  (*a*) The appointment of the ophthalmic assistants.
  (*b*) The establishment of eye clinics.
  (*c*) The supply of free spectacles under the new Education Act.

I (*a*). *The return of evacuees.*

This has naturally lightened the numbers to be seen at respective centres, especially, as before remarked, they showed a higher percentage of defect.

I (*b*). *Re-organisation of Schools.*

As has been my constant practice all primary schools feeding a senior centre have been visited first so that children who have " moved-up " could be followed through to their new school and would not be " missed."

II (*a*). *Ophthalmic Assistant.*

From the point of view of the ophthalmic surgeon this has proved a most outstanding improvement.

It has obviated the necessity of working through dinner-hours and long evenings to keep records and statistics up to date.

Apart from sending out glasses and repairs the clerical work of the department is now almost entirely done by the assistant and oculist together, thus effecting a great saving in time in the answering of letters, and especially so in the return of the price forms which are completed by the assistant and given to the parent or child at the time of the actual examination.

It is possible to spend much more time over the ophthalmoscopic examination of the eyes. Admittedly much of this detailed investigation is of purely academic interest, such as the observation of minute remnants of papillary membrane (embryological remains), their size, shape and area of distribution, etc. I should estimate that with ophthalmoscopic examination only, they occur binocularly in about 1%, but uniocularly in 20% of the school children I have examined in the latter half of this year, varying from 5—14 years of age. Undoubtedly they tend to absorb with advancing years. Seissiger (1929) found 95% in the new-born, probably using the slit-lamp, though Shubert's (1892) 33%, and Rumbour's (1921) 35% approximate more nearly to my observations, in older children.

II (*b*). *Eye Clinics.*

These were started tentatively in my area at the end of last year and have been established in 8 centres during 1945. It has not been possible to find suitable accommodation for a centre in Honiton. They have proved a great benefit for emergency cases arising between regular visits, especially those seen by Health Visitors, or referred by Head Teachers, owing to requests from parents. As it is not possible to organise the numbers referred from the areas feeding the centre, the clinics have varied from comfortably manageable to almost hopelessly unwieldy size.

II (*c*). *Supply of Spectacles Free.*

This has had good and bad effects, though, in my opinion, the former far outweighs the latter, it being that children badly needing visual aid previously not obtained owing to cost (though the economic state of the parents disallowed free spectacles), are now treated without trouble. The bad effects are the usual ones attendant upon articles being supplied without cost to the recipient, some of whom, therefore, attach no value thereto, and the article is soon broken, bent or lost. In only one case in my area have the parents refused the glasses when supplied.

Another effect noticeable in my area has been the increased proportion of parents taking advantage of the reduced cost to obtain the more expensive types of frames for their children by paying the difference.

1945 has been an unfortunate year for the treatment of squint cases from my area. The orthoptic department at the West of England Eye Infirmary had to be closed again as the orthoptist resigned in the latter part of the year. A number of children have been undergoing preparatory treatment for many months and are now awaiting continuation of this. It is earnestly to be hoped that the department will be re-opened permanently in the immediate future.

A passing mention might be made to explain the reduction in the number of cases seen by me in 1945, this is due to

(*a*) the reduction in numbers of evacuees ;
(*b*) my regrettable illness in the spring.

For the first time it has not been possible to visit every school in the area during the year, several causes being responsible for this, thus

44 sessions have been occupied by clinics.
17 sessions have been occupied by Barnstaple schools, taken over from the old Barnstaple Education Committee ;*
73 sessions have been lost owing to illness.†

Any urgent cases occurring in these schools have been able to attend the clinic supplying the area. It has been possible with the help of the ophthalmic assistant to get through the work more quickly, and all out-standing appointments will be completed early this term by the end of which the work should be well in advance of 12 monthly visits, even allowing for the extra sessions taken up by clinics and the schools in Barnstaple.

My sincere thanks are again due to the Head Teachers for their unfailing courtesy and help, especially in Barnstaple where the D.C.C. arrangements for ophthalmic examination are new to them, and probably caused some inconvenience, also to the Health Visitors for the continuation of their keen interest and co-operation in the work.

MARGARET L. FOXWELL.

*At the request of the old Tiverton Education Committee the ophthalmic work for the Tiverton school children had previously been taken over in 1944.

†Dr. Foxwell nearly died from pneumonia, making an almost miraculous recovery.

Ophthalmic Report. Western Area, 1945.

During the latter half of the past year, in accordance with the New Education Act, (i) Nickel glasses, together with any other essential optical appliances have been provided free to school children or the cost of nickel glasses allowed towards a more expensive pair ; and (ii) the former Torquay Part III Education Authority Area, together with the Ophthalmic care of the Torquay pre-school children, has been added to the West Devon Area. Also during the past year evacuees from the Slapton battle area have returned and all schools previously closed in this area have now been re-opened.

Torquay.

The work in Torquay has been carried on as previously, all cases being seen at the Central Clinic, Castle Road, and half a day a week (Monday afternoon) being allowed for the work. For the convenience of parents every endeavour has been made to examine all new cases fully and order glasses where necessary at one and the same visit. Provision being made for any subsequent difficulty to be referred to either the School Ophthalmic Surgeon or the Dispensing Opticians, depending on its nature.

In spite of uncertainty as to the number of cases likely to turn up at any given session the work in Torquay has run smoothly. Though half a day a week (even from 1.30 to 5 p.m. when necessary) has proved insufficient to deal with the large number of children requiring attention and additional Saturday morning and holiday visits have been added as required to keep the work up to date.

Free Nickel Glasses.

Whereas previously only very poor children got nickel glasses provided free now all children get the same concessions and the age-long prejudice against nickel glasses (because they savoured of charity) has been broken. Nickel glasses have proved very satisfactory and are probably the strongest and most suitable type for young children. Children can still obtain any type of frames or lenses they desire by paying the difference in cost between nickel and the more expensive types. It is hoped that this scheme will soon be extended to include Child Welfare children as well as school children.

Other factors affecting the work during the past year have been a tendency to increase the school holidays and make the half-term holidays uniform in all schools, thus decreasing the available working time in school. This, together with the increase in area and general increase in the number of children desiring treatment under the County Scheme has increased the difficulty of carrying out the necessary work in the time available. In spite of these factors the work has been carried out satisfactorily but has called for very careful organisation including the extension of fixed Visits throughout school holidays (except August) where accommodation is available, and has left little or no latitude for possible illness.

W. G. HUTTON,
School Ophthalmic Surgeon.

Ear, Nose and Throat Defects.

The treatment carried out during the year is shown in Table IX (*a*) and (*b*).

Table IX (*a*) indicates the number of children who received *operative* treatment for diseased adenoids and/or tonsils. After 1st July, these cases are also included in the general in-patient hospital treatment Table No. XI. The same applies to other ear, nose and throat treatment carried out under the Committee's " Extended Scheme for the Prevention of Deafness " which was a pioneer scheme, operating under the 1921 Act, and to which I have specially referred in previous annual reports. The scheme, and the comprehensive scheme which has taken its place, is still severely hampered by lack of sufficient specialised in-patient accommodation, nursing and other facilities, for these comparatively long-stay ear cases.

TABLE IX (*a*).

Defects of Nose and Throat. Operative Treatment of Diseased Adenoids and Tonsils.

Note.—Cases receiving *in*-patient hospital treatment after 1st July, 1945, are included in Tables XI (*a*) and (*b*).

Received Operative Treatment.		
Under Authority's Scheme in Clinic or Hospital.	By private Practitioner or Hospital Apart from Authority's Scheme.	Total.
Primary and Secondary.	*Primary and Secondary.*	
1,110	6	1,116

TABLE IX (*b*).

Extended Scheme for the Prevention of Deafness.

Note.—Cases receiving *in*-patient hospital treatment after 1st July, 1945, are also included in Tables XI (*a*) and (*b*).

	Primary and Secondary. Year 1945.
1. Otitis Media. Conservative Treatment.	
In-patient	5
Out-patient	—
Total	5
2. Operative Treatment.	
Mastoid Operations	7
Major Ear Operations	—
Major operations on Nasal Sinus	1
Major operations on Nose or Nasal Sinus	6
Total Operations	14
3. Other Treatment.	—

Orthopaedics.

Orthopaedic treatment, provided as usual through the agency of the Devonian Orthopaedic Association, is tabulated in Table X. Cases receiving in-patient treatment after 1st July are also included in the general hospital in-patient Tables No. X (*a*) and (*b*).

The residential treatment was provided, except where specified otherwise, at the Princess Elizabeth Orthopaedic Hospital, Exeter, and its satellites at Tipton St. John and Ivybridge (Dame Hannah Rogers Orthopaedic Hospital).

The amount of orthopaedic treatment provided during 1945 was slightly greater than in 1944, both at hospitals and at clinics.

TABLE X.

Orthopaedic and Postural Defects.

Note.—Cases receiving *in*-patient hospital treatment after 1st July, 1945, are also included in Tables XI (*a*) and (*b*).

	Residential Treatment with Education.			Residential Treatment without Education.			Non-Residential Treatment at an Orthopaedic Clinic.		
	Prim.	*Sec.*	*Total.*	*Prim.*	*Sec.*	*Total.*	*Prim.*	*Sec.*	*Total.*
No. of children treated under the Authority's Scheme ...	113	56	169	—	—	—	698	499	1,197
No. of children treated otherwise	—	—	—	—	—	—	—	—	—
Total No. of children treated	113	56	169	—	—	—	698	499	1,197

Total number of children treated (Residential and Non-Residential).

Note.—Nearly all "Residential" children received Non-Residential treatment also, hence the total is less than the sum of the three Groups.

Prim.	*Sec.*	*Total.*
749	516	1,265

Attendances at Orthopaedic Clinics during the year.

	Prim.	*Sec.*	*Total.*
Non-Tuberculous School Children	2,540	2,063	4,603
Tuberculous	55	35	90
Total School Children ...	2,595	2,098	4,693
	5,190	4,196	9,386

In addition to the above, the following number of School Children and/or Trainees were treated in the following special schools or training institutions :—

St. Loyes Cripples' Training Centre, Exeter	11
Heritage Craft Schools, Chorley	1
Queen Elizabeth's Training College, Leatherhead	1
Shaftesbury Society Home, Sevenoaks	1

C.—GENERAL HOSPITAL TREATMENT.

Before 1st April the Committee accepted responsibility under Section 48 (3) of the Education Act, 1944, for a comprehensive hospital treatment scheme for both in and out-patients.

As there are as yet no Devon County Hospitals, and the Municipal Hospitals at Plymouth and Exeter could only deal with a fraction of the children needing treatment it was obvious that the help of the voluntary hospitals in the County must be enlisted. Nearly all of these belong to the British Hospitals Association, and this body acted as the representative of the voluntary hospitals in the negotiations with the Education Committee. Eventually a scheme was agreed, and approved by the Minister of Education as follows :—

The Committee accept financial responsibility for the in or out-patient hospital treatment of any child on the register of a maintained school of the Education Authority providing the treatment cannot *conveniently* be obtained at a school clinic. This acceptance is subject, in the case of " non-urgent " cases, to the School Medical Officer's prior approval of the arrangements (e.g. at which hospital the treatment is to be provided, or by which surgeon, in the case of conditions requiring an " approved " specialist). In the case of emergency illness or accident, no prior approval by the School Medical Officer is required.

As regards payments, maintenance and other costs are to be paid in full in the case of Local Authority hospitals, but at voluntary hospitals the sum of 14s. per day (which is a little less than the average full cost at the various hospitals in the County) was agreed with the B.H.A. together with special fees for pathological examinations according to the Emergency Hospital Services " unit " scale at 9d. per unit, and for X-rays according to the British Medical Association scale. These arrangements dated from 1st April in the case of the Local Authority hospitals, and 1st July for the voluntary hospitals.

The question of payments for the services of the professional staff at voluntary hospitals presented considerable difficulty in negotiation, and was not settled by the end of the year, but in January, 1946, a temporary arrangement was made under which further payment, amounting to one quarter of the agreed sum for maintenance will be paid to the hospitals for the benefit of the professional staff, retrospectively to 1st June, 1945.

For record and accounts purposes each case admitted to hospital is notified to the School Medical Officer on a special " admission form." Later, further particulars are submitted on a " discharge form " giving the results of treatment, and the account for payment. Interim report and account forms are submitted for long stay cases. This system was not brought fully into operation until the last quarter of the year, but from the returns relating to that quarter the following Table XI (*a*) has been compiled. Subsequently it proved possible to analyse cases treated under the scheme as from 1st July. The analysis is shown in Table XI (*b*).

With the scheme operating at first imperfectly, it would be wrong to jump to any conclusions about the relative incidence of the different diseases and the effect they are likely to have on the future of the scheme, financial or otherwise. But the relative proponderance of surgical over medical conditions, which are more frequently nursed at home, is obvious, while the high incidences of appendicitis and of " surgical " neck-gland disease are interesting. The low incidence of bronchitis and pneumonia admitted to hospital is rather remarkable, as is that of fractures due to road accidents, especially when the national monthly figures for road accidents are so very disturbing. The cases of notifiable infectious disease treated are limited at present to those that develop such disease while already under treatment under the Scheme for some other complaint. At present the Education Committee, as advised by the Ministry of Education, do not accept direct responsibility for the treatment of other cases of notifiable infectious disease.

Health Education.

Publicity has been carried out through clinics, teachers and meetings of Parents Associations, many of which have been addressed by the Deputy School Medical Officer and the Senior County Dental Surgeon, and it has been thought advisable to estimate for 1946 by allowing £30,000 for maintainance and £9,000 for professional fees, etc., making a total of £39,000.

TABLE XI (*a*).

Comprehensive Hospital Treatment Scheme: Return for Last QUARTER of 1945.

			Admission.	Discharge.	No. of in-patient days in respect of discharges.	No. of out-patient attendances made discharged cases.	Maintenance (excl. professional and special fees).
							£ s. d.
Comprehensive Scheme.	Type of Cots covered by old scheme.	1. Adenoid and Tonsil (In-Patient)	316	293	1,053	—	732 2 0
		2. Other Ear, Nose and Throat (In-Patient)	26	17	197	—	127 18 0
		3. Squint (In-Patient)	7	5	156	—	35 18 0
		4. Orthopaedic (In-Patient)	52	46	4.376	—	2,150 6 6
		5. Orthopaedic (Out-Patient)	—	—	—	1,302	330 15 0
		6. Total of 1—5	401	361	5,782	1,302	3,376 19 6
	Extensions 1945	7. General In-Patient (Exclusive of 5 above)	214	187	3,412	—	1,283 16 0
		8. General Out-Patient (Exclusive of 5 above)	641	302	—	1,142	142 15 0
		9. Total of 7 and 8 (Additions to old Scheme)	855	489	3,412	1,142	1,426 11 0
		10. Total In-Patient	615	548	5,782	—	4,330 0 6
		11. Total Out-Patient	641	302	—	2,444	473 10 0
		12. Grand Total	1,256	850	9,194	2,444	4,803 10 6

The entries under lines 1—6 refer to continuation of treatment schemes in force prior to 1st April under the 1921 Act. Entries under lines 7, 8 and 9 apply only to the additional kinds of treatment provided under the extended 1945 scheme to make the range comprehensive. This set out might enable a rough estimate of the probable additional cost over a full year to be made, i.e. approx. £5,700, plus approx. one quarter for professional fees, and a further sum to cover special fees such as for pathology and X-rays, say £1,500, making £7,200 in all. This will probably seem unexpectedly small when compared with the cost of the schemes already in operation, amounting on a *pro rata* basis from the last quarter's figures to approx. £13,500, making a total cost of £20,200; but it must be remembered that on the one hand the old schemes covered the very types of disease or defect for which school children most commonly need *hospital* treatment, while on the other it is certain that a proportion of children with illness of a type covered only by the 1945 extensions in the scheme were still being treated under private arrangements, perhaps owing to lack of knowledge of the Committee's new undertakings.

TABLE XI (*b*).

Hospital Treatment. Analysis of Cases Treated as In-Patients.

(As from 1st July, 1945.)

Note.—This table also includes all cases for which *in*-patient hospital treatment was provided under any of the special schemes recorded in Tables VIII (*a*) and (*b*) (Eyes), IX (*a*) and (*b*) (Ear, Nose and Throat), and X (Orthopaedic) after July, 1945.

(*a*) Medical Treatment. (Other than Infectious Diseases.)

		Cases.	Total.
Skin Disease (Contagious or Parasitical)		4	
Skin Disease (Non-contagious)		2	
		6	6
Respiratory Disease.	(1) Influenza	—	
	(2) Bronchitis	4	
	(3) Pneumonia	11	
	(4) Pulmonary Tuberculosis	—	
	(5) Other Respiratory	7	
	(6) Total Respiratory	22	22
Heart Disease.	(1) Congenital	—	
	(2) Rheumatic	—	
	(3) Other	—	
	(4) Total Heart Disease	—	—
Nephritis		5	
Cystitis		1	
Rheumatism (without Heart Disease)		7	
Chorea		4	
Anaemia and other blood diseases		1	
Digestive or other medical alimentary disease (except Dysentery and Enteric)		4	
Endocrine Disorders		1	
Psychoneurosis		—	
Psychoses (Insanities)		—	
Nervous Disease, Organic (other than infectious)		1	
Food Poisoning (other than infectious disease)		1	
Nutritional Disorders (including Rickets and Scurvy)		—	
Other Medical Conditions		77	
		102	102
TOTAL (Non-infectious) MEDICAL		—	130
INFECTIOUS DISEASES (other than Influenza, Pneumonia, Tuberculosis).			
(1) Encephalitis		1	
(2) Poliomyelitis		1	
(3) Cerebrospinal fever		6	
(4) Diphtheria		1	
(5) Whooping cough		—	
(6) Measles		—	
(7) (*a*) Scarlet Fever and/or Streptococal Sore Throat—Notified		—	
(*b*) Scarlet Fever and/or Streptococal Sore Throat (unnotified Tonsillitis, etc.)		—	
(8) Chicken Pox		—	
(9) Rubella		—	
(10) Mumps		—	
(11) Dysentery		—	
(12) Typhoid or Paratyphoid Fever		—	
(13) Other Infectious Diseases		—	
(14) TOTAL INFECTIOUS DISEASES		9	9
TOTAL MEDICAL (including INFECTIOUS DISEASES)			139

(*b*) **Surgical Treatment.**

		Cases.	Total.
Burns		5	
Fractures (pre-orthopaedic) :—			
Street Accidents		7	
Other		154	
Other Injuries :—			
Street Accidents		5	
Other		57	
Cervical Adenitis		13	
Foreign Bodies Swallowed		1	
Appendicitis		73	
Other Surgical Abdominal Disease		7	
Hernia		22	
Cryptorchidism		—	
Operations on Kidney, Bladder or Urinary Tract		—	
Other Surgical Conditions of Genitary System		12	
Abscess		15	
		371	371
ORTHOPAEDIC.	(1) Poliomyelitis	7	
	(2) General (including late fractures)	81	
	(3) TOTAL	88	88
THORACIC SURGERY.	(1) Rib Resection for Empyema	—	
	(2) Phrenic Avulsion	—	
	(3) Thoracoplasty	—	
	(4) Lobectomy	—	
	(5) Other Thoracic Operation	—	
	(6) TOTAL THORACIC CASES	—	—
EYE.	(1) Squint	7	
	(2) Cataract	1	
	(3) Foreign Bodies	—	
	(4) Injuries	3	
	(5) Other conditions	5	
		16	16
E.N.T.	(1) Adenoid and/or Tonsil Operation	649	
	(2) Nasal or Nasal Sinus Operation	—	
	(3) Mastoid Operation	3	
	(4) Otitis Media without major operation	12	
	(5) Foreign Bodies	—	
	(6) Other E.N.T.	24	
	(7) TOTAL E.N.T.	688	688
*PLASTIC SURGERY.	(1) Cleft Lip and Cleft Palate	—	
	(2) Cleft Lip only	—	
	(3) Cleft Palate only	—	
	(4) Other oral	—	
	(5) Reconstruction of Genitalia	—	
	(6) Other Plastic Treatment	—	
*Scheme latent owing to prior call of battle casualities..			
	(7) TOTAL PLASTIC	—	—
DENTAL SURGERY.	(1) Extractions as In-patient	7	
	(2) Injuries	1	
	(3) Impacted and Unerupted Teeth	—	
	(4) Dental Abscess	2	
	(5) Cysts (Dental and Dentigerous)	—	
	(6) Orthodontic	—	
	(7) Other Dental	5	
	(8) TOTAL DENTAL	16	16
Congenital Deformity (Unclassified)		—	
Minor Surgical Conditions (Unclassified)		11	
Other Surgical Conditions		6	17
TOTAL SURGICAL			1,106
(*c*) **GRAND TOTAL—MEDICAL AND SURGICAL**			1,335

(*d*) **Speech Therapy.**

During the year the Torquay Committee's Speech Therapy Clinic was transferred to the Devon County School Health Service, while the arrangements made by the Barnstaple Education Committee for treatment by the North Devon County Speech Therapist were absorbed into the general County Scheme, thus increasing the County work at the Barnstaple Speech Therapy Clinic.

In the North Devon area, the appointment of a whole-time Speech Therapist, Miss V. Babington, to replace the part-time Therapist, Miss C. Taylor, who left to take up whole-time work in Hertfordshire, also allowed the opening of two additional Speech Therapy Clinics, one at Bideford, held in a school, the other at South Molton, held in the County Council Clinic premises. The whole-time Speech Therapist for North Devon has also been able to visit schools in between the clinic sessions, and give Head Teachers and parents advice about speech defective children in the more remote and isolated areas who cannot attend the clinics owing to the distance or lack of transport.

Owing to the difficulty in filling the appointment of the Speech Therapist, however, no facilities existed in North Devon for a considerable part of the year, hence the number of children treated in the Northern area is less than in 1944 in spite of the additional clinics. There was, however, a substantial increase in the work done in the Central area, and a small increase in the Western area, which included Torquay as from 1st April, so that the total number of children's attendances at the clinics rose from 2,282 in 1944 to 2,415.

The work done is tabulated in Table XII (*a*), and the analysis of various types of speech defect is given in Table XII (*b*).

Miss Babington, whole-time Speech Therapist in the Northern area, who took up her duties in September, has submitted the following note :—

"Speech Therapy. Northern Area. September—December, 1945.

"In this report I should like to mention the particularly interesting case of 'X,' a boy of 7 years, a case of combined stammer and dyslalia. He is the eldest of a family of 4, an elder brother having died at 4½ years. There is a history of stammering in the paternal side of the family, and his paternal grandmother was in a mental home for a period.

"'X' was late in talking—between 3 and 4 years—and has always stammered. His teacher reports that he is backward but this is probably a result not a cause of the speech defect.

"When 'X' first came to the Clinic, his speech was almost unintelligible. Many consonants were missing and replaced by l or y in addition to a severe clonic stammer. At home he had fits of violent temper.

"At first nothing was done but play in the Clinic. Relaxation was gradually introduced and the stammer improved slightly. Now he has gained in self-confidence and will speak for quite long periods in the Clinic without a stammer, and at home the fits of temper have slightly decreased in number.

"I should like to take this opportunity to acknowledge the help given me by the personnel of the Education and Medical Departments, connected with the Speech Clinics, without whose co-operation these results could not have been achieved.

"At the same time I wish to urge the need for Special Schools or Classes for the large number of dull and feeble-minded children in North Devon. During my visits to the schools in the area, I have been struck by the number of children who need special attention, who are not only unable to profit by the ordinary school curriculum but, moreover, have an adverse effect on the average child in the class. It is unfair to the average child who is capable of reaching a fair standard of work to be retarded by the slow progress of the feeble-minded receiving the same instruction.

SPEECH THERAPY.

TABLE XII (*a*).

Record of Work Done and Results.

	Central Area.					Western Area.			Northern Area.					
	Exeter.	Newton.	Paignton.	Torquay.	Total.	Plymouth.	Oreston.	Total.	Barnstaple.	Bideford.	Ilfracombe	South Molton.	Total.	Whole County.
1. Cases in attendance at beginning of year	26	16	12	11	65	1	15	16	26	23	2	—	51	132
2. New cases admitted during year	20	15	13	12	60	12	4	16	14	—	—	—	14	90
3. Transfers from other clinics from														
(*a*) Within S. Therapists' area	2	1	2	—	5	3	3	6	—	—	—	2	2	13
(*b*) Within County, outside area	—	—	—	—	—	—	—	—	—	—	—	1	1	1
(*c*) Outside County	—	—		—	—	—	—	—	—	—	—	—	—	—
4. *Sum of 1, 2 and 3 (*c*)	46	31	25	23	125	16	19	35	26	28	11	7	72	232
5. Cases showing marked improvement but not discharged ...	5	2	4	3	14	4	4	8	8	7	5	2	22	44
6. Cases temporarily discharged before cure, to resume treatment later	7	2	3	4	16	10	2	12	1	1	—	—	2	30
7. Cases discharged cured during year	9	5	9	69	29	1	1	2	2	—	—	4	6	34
8. Cases ceasing attendance before cure or discharge	11	6	1	3	21	1	4	5	—	—	—	1	1	27
9. Transfers to other Clinics to														
(*a*) Within S. Therapists' area	1	3	—	1	5	—	—	—	2	—	—	—	2	7
(*b*) Within County, outside area	1	—	—	—	1	—	—	—	—	—	—	—	—	1
(*c*) Outside County	—	1	2	1	4	—	—	—	—	—	—	—	—	4
10. Cases still in attendance at end of year	19	15	12	9	55	5	11	16	24	26	11	9	70	141
11. Total effluent (Sum of 6, 7, 8 and 9 (*c*)	27	14	15	14	70	11	5	16	3	3	—	1	7	93
12. *Sum of 10 and 11	46	29	27	23	125	16	16	32	27	29	11	10	77	234
13. Total number of Attendances	434	258	373	566	1631	97	238	335	167	177	77	28	449	2415

SPEECH THERAPY.

TABLE XII (*b*).

Clinical Analysis of Speech Defects.

No. of Children suffering from	Central Area.					Western Area.			Northern Area.					Whole County.
	Exeter.	Newton.	Paignton.	Torquay.	Total.	Plymouth.	Oreston.	Total.	Barnstaple.	Bideford.	Ilfracombe	South Molton.	Total.	
(*a*) Physiological or Psychological Defects :														
(1) Stammer	13	13	10	12	48	6	7	13	9	12	8	2	31	92
(2) Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(*b*) Voice Defects :														
(1) Aphonia (complete or intermittent total loss of voice) ...	—	—	—	—	—	—	—	—	—	—	—		—	—
(2) Dysphonia (complete or intermittent partial loss of voice)	1	1	—	—	2	—	—	—	1	2	—	1	4	6
(3) Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(*c*) Defects of Articulation :														
(1) Dyslalia (defective sounding of consonants)														
(i) Lalling	11	6	6	3	26	6	6	12	12	12	2	4	30	68
(ii) Lisp	3	2	5	3	13	—	2	2	—	1	1	2	4	19
(iii) Other	—	2	1	4	—	—	—	—	—	—	—	—	—	4
(2) Rhinolalia (Nasal or Anasal Speech)														
(i) Open type cleft palate, etc.)	8	1	1	1	11	1	—	1	2	—	—	—	2	14
(ii) Closed type (nasal obstruction)	2	—	—	—	2	—	—	—	1	—	—	—	1	3
(3) Cluttering (hurried, jumbled speech)	—	—	—	—	—	—	—	—	1	—	—	—	1	1
(4) Dysathria (neuromuscular inco-ordination)	1	1	—	2	—	—	—	—	—	—	—	—	—	2
(5) Other	2	—	—	2	2	—	—	—	—	—	—	—	—	2

SPEECH THERAPY. TABLE XII (*b*)—CLINICAL ANALYSIS OF SPEECH DEFECTS—*continued.*

No. of Children suffering from	Central Area					Western Area.			Northern Area					Whole County.
	Exeter.	Newton.	Paignton.	Torquay.	TOTAL.	Plymouth.	Oreston.	TOTAL.	Barnstaple.	Bideford.	Ilfracombe	South Molton.	TOTAL.	
(*d*) Language Defects :														
(1) Idioglossia (child has special language)	2	—	—	—	2	—	—	—	—	—	—	—	—	2
(2) Delayed speech not due to mental deficiency ...	4	3	1	—	8	—	—	—	—	—	—	—	—	8
(3) Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(*e*) Aphasia :														
(1) Congenital " word deafness "	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(2) Congenital " word blindness "	—	1	—	—	1	—	—	—	—	—	—	—	—	1
(3) Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(*f*) Defects due to abnormality of Special Senses :														
(1) Due to deafness	—	—	—	1	1	—	1	1	—	1	—	1	2	4
(2) Due to blindness	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(3) Other	—	—	—	—	—	1	—	1	—	—	—	—	—	1
(*g*) Probable Mental Deficiency	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(*h*) Multiple Types of Defect	1	1	1	—	3	2	—	2	—	—	—	—	—	5
(*i*) TOTAL	46	31	25	23	125	16	16	32	26	28	11	10	75	232

(e) Handicapped Pupils and their Special Educational Treatment.

The Handicapped Pupils and School Health Services Regulations, 1945, were issued in July. In so far as these Regulations concern handicapped pupils, they modified the various categories of handicapped pupils or, as they were previously known, " exceptional children," and introduced three new categories, " maladjusted," " diabetic " and " speech defective." The modifications included minor alterations to the definitions of most of the old categories, but in the case of pupils with mental handicap completely altered the definition. The new category of " Educationally Subnormal " pupils does not correspond with the old one of educable " mentally defective " pupils. It includes children who would have been educable mental defectives (" feeble-minded " defectives) under the old regulations, but also includes all those pupils previously classified as " dull and/or backward," which were outside the scope of the old regulations.

Moreover, the procedure of statutory ascertainment under Section 34 of the Education Act, 1944, has been tightened up, particularly from the viewpoint of parental rights. Thus parents must now be given definite appointments, and be invited to be present when an " ascertainment " examination is to be undertaken. In the particular case of children with disability of mind, parents now have the right of appeal to the Minister if the L.E.A. propose to " report " a mentally handicapped child to the Authority for the Care of the Mentally Defective, whether such proposed report is under Section 57 (3) (which concerns children so defective as to be ineducable in even a special school), or under Section 57 (5) (for children while not so defective as to be ineducable, are considered to need care, supervision and control after leaving school).

These measures are to be commended as tending to promote still greater care in " ascertainment " or certification than before, but they add, of course, to the complication of the process and increase the demands upon the time of the staff, both medical and clerical.

The *new* regulations also set out the correct " Special Educational Treatment " (" S.E.T. ") appropriate to each category of handicapped pupils. It is important to appreciate that " S.E.T. " is distinct from, and is additional to, the various possible forms of medical treatment, such as those reported on already in Tables VI to XI, but speech therapy, reported on in Table XII, may be considered a form of S.E.T.

The following schedule outlines the categories of Handicapped Pupils, with the form of S.E.T. appropriate to each.

CATEGORIES OF HANDICAPPED PUPILS.	SPECIAL EDUCATIONAL TREATMENT.
1. **Blind**. Pupils who have no sight or whose sight is or likely to become so defective that they require education by methods not involving the use of sight.	1. Residential Special School.
2. **Partially Sighted**. Pupils who by reason of defective vision cannot follow the ordinary curriculum without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.	2. S.E.T. In ordinary school ; with favourable position in class, special apparatus and equipment and wearing suitable spectacles.
3. **Deaf**. Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.	3. Day or Residential Special School, as available.
4. **Partially Deaf**. Pupils whose hearing is so defective that they require for their education special arrangements or facilities but not all the educational methods used for deaf pupils.	4. S.E.T. In ordinary school, with favourable position in class and, if necessary, provision of a hearing ing aid and/or tuition in lip reading.
5. **Physically Handicapped**. Pupils, not being pupils suffering solely from a defect of sight or hearing, who by reason of disease of crippling defect cannot be satisfactorily educated in an ordinary school or cannot be educated in such a school witnout detriment to their health or educational development.	5. Residential or Day Special School.
6. **Delicate**. Pupils who by reason of impaired physical condition cannot, without risk to their health, be educated under the normal regime of an ordinary school.	6. Education under favourable hygienic conditions, with special provision for nutrition and rest. (These conditions may sometimes be obtained in the ordinary school.)
7. **Diabetic**. Pupils suffering from diabetes, who cannot obtain the treatment they need while living at home and require residential care.	7. Residential special school, or residence in a hostel under Medical and Nursing supervision, with such modification of the school regime as may be advised.

8. **Epileptic**. Pupils who by reason of epilepsy cannot be educated in an ordinary school without detriment to the interests of themselves or other pupils and require education in a special school.	8. Residential special school. (Note that this applies *only* to children who are "Epileptic within the meaning of the Regulations." Children with Epilepsy of a type in which the fits do not interfere significantly with Education in ordinary school are *not* considered Epileptic "within the meaning.")
9. **Pupils suffering from speech defect**. Pupils who on account of stammering, aphasia or defect of voice or articulation not due to deafness, require special educational treatment.	9. If "Aphasic," Residential Special School. Other cases—special training and treatment from a qualified Speech Therapist.
10. **Educationally Sub-Normal**. Pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.	10. Dependent on degree and type of subnormality, ranging from tuition in an ordinary school adapted to special need (individually or in special classes), to education in a day or residential school.
11. **Maladjusted**. Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.	11. Either S.E.T. in ordinary school, with attendance at a Child Guidance Clinic, or Education in a school which has a Residential Hostel, at which Psychiatric Treatment can be given.

The important facts to which the attention of an Education Committee should be drawn in an annual report of the School Medical Officer on handicapped pupils, are

(*a*) the number of pupils ascertained under Section 34 of the Education Act, 1944, in each category ;

(*b*) the extent to which the pupils in each category are receiving the Special *Educational* Treatment they need.

This information is given in Table XIII. After perusal of the table it will be obvious that only a fraction of the ascertained Handicapped Pupils who need some form of S.E.T. which can *not* be provided in an ordinary school are, in fact, receiving it. The reason is lack of Special School provision, both day and residential, especially lack of provision within the County. This applies particularly to the categories of "Educationally Subnormal," "Physically Handicapped," "Delicate" and "Epileptic" pupils, although accommodation for pupils handicapped by defects of the special senses of sight and hearing is also inadequate. For children with mental handicap there is no day special school and only one residential school, the Courtenay, at Starcross. Steps are being taken, however, by the Royal Western Counties Institution to remove the Courtenay to larger premises in order to take more pupils and separate them from the ineducable defectives. There is only one day special school for children with physical handicap, or who are delicate (Homelands Open-Air School, Torquay), and only one residential school for similar cases, limited to admit 50 children, and these from all over the country (North Devon Special School, Lynton). Except for children with handicap of sight and hearing, for which nearly adequate local provision is available at the Special Schools in Exeter, the almost non-existent provision for the education of physically handicapped children locally means that vacancies have to be sought in residential special schools elsewhere, sometimes hundreds of miles away. But the position in the country generally is little better, and there are long waiting lists at most of the special schools run by other authorities or by voluntary societies. Vacancies for only a fraction of the Devon children who need residential S.E.T. can be obtained, and the position is unlikely to be eased until the Devon Education Committee can provide their own special schools, either independently, or jointly with the adjacent L.E.A's.

A conference was held in 1945 between the officers of the Devon and Cornwall County, and Plymouth City, L.E.A's to consider a joint scheme (possibly to include Exeter L.E.A. if the latter should wish), and it was suggested that joint residential provision was probably desirable for the following categories of Handicapped Pupils :

"Blind," "Partially Sighted," "Deaf," "Partially Deaf," "Physically Handicapped" and those "Delicate" pupils that can only be educated in a residential school.

As regards "Educationally Subnormal" children the three authorities should each have enough to provide separate provision economically, while for "Epileptic" pupils the number is probably too small for even joint action, provision of a regional school or schools being preferable.

Perusal of Table XIII will indicate the chief educational deficiencies for these handicapped pupils. They are most marked in the following categories :

TABLE XIII.

Handicapped Pupils. Provision of Special Educational Treatment.

	Res. Sp. Sch.	Day Sp. Sch. when practicable	Total needing Sp. Sch.	S.E.T. in ordinary Sch.	Total H.P. in Category.
I. Educationally Subnormal Children.					
Recommended for ...	160	—	160	*Not applicable.*	160
At present provided for ...	40	—	40	—	40
II. Maladjusted Pupils.					
Recommended for ...	*98	—	98	—	98
At present provided for ...	30	—	30	—	30
III. Blind and Partially Sighted.					
(*a*) *Blind.*					
Recommended for ...	27	—	27	*Not applicable.*	27
At present provided for ...	20	—	20	*Do.*	20
(*b*) *Partially Sighted.*					
Recommended for ...	24	—	24	5	29
At present provided for ...	19	—	19	5	24
(*c*) *Blind and Partially Sighted.*					
Recommended for ...	51	—	51	5	56
At present provided for ...	39	—	39	5	44
IV. Deaf and Partially Deaf.					
(*a*) *Deaf.*					
Recommended for ...	21	—	21	*Not applicable.*	21
At present provided for ...	15	—	15	*Do.*	15
(*b*) *Partially Deaf.*					
Recommended for ...	14	—	14	9	23
At present provided for ...	5	—	5	5	10
(*c*) *Deaf and Partially Deaf.*					
Recommended for ...	35	—	35	9	44
At present provided for ...	20	—	20	5	25
V. Epileptic.					
Recommended for ...	6	—	6	*Not applicable.*	6
At present provided for ...	3	—	3	*Do.*	3

* Or Hostel in lieu of Special School.

TABLE XIII. HANDICAPPED PUPILS. PROVISION OF SPECIAL EDUCATIONAL TREATMENT—*continued.*

	Hospital Sch.	Res. Special Sch.	Day Sp. Sch. when practicable.	Total needing Sp. Sch.	S.E.T. in ordinary Sch.	Total H.P. in Category.
VI. DIABETIC.						
Recommended for	1	—	—	1	*Not applicable.*	1
At present provided for	—	—	—	—	*Not applicable.*	—
VII. DELICATE.						
Recommended for	12	29	73	114	203	317
At present provided for	4	4	70	74	202	276
VIII. PHYSICALLY HANDICAPPED.						
(*a*) *Crippled or Ortho. Cases* :						
Recommended for	15	34	26	75	*Not applicable.*	75
At present provided for	7	11	26	44	*Not applicable.*	44
(*b*) *Other Physically Handicapped* :						
Recommended for	—	1	4	5	*Not applicable.*	5
At present provided for	—	—	2	2	*Not applicable.*	2
(*c*) *Total Physically Handicapped* :						
Recommended for	15	35	30	80	*Not applicable.*	80
At present provided for	7	11	28	46	*Not applicable.*	46
COMBINATION OF V, VI AND VIII (DIABETIC, DIATETIC, DELICATE *plus* PHYSICALLY HANDICAPPED PUPILS).						
Recommended for...	28	70	103	201	200	401
At present provided for	18	18	98	134	200	334
IX. SPEECH DEFECTIVE.						
Recommended for	3	—	—	3	14	17
At present provided for	—	—	—	—	14	14
X. TOTAL HANDICAPPED PUPILS.						
Recommended for	31	290	103	555	234	785
At present provided for	18	153	98	266	216	459

(1) *Educationally Subnormal Pupils.* Here it must also be noted that the number of these pupils actually ascertained is much less than the *estimated* number, which is believed to be about 6,300, comprising about 1,260 " feeble-minded " and 5,040 " dull and/or backward " children, according to percentage estimates made by the Acting County Psychiatrist on the basis of 3% for " feeble-minded " and 12% for " dull and/or backward " children. Assuming such an estimate to be correct, it would be almost impossible to carry out the lengthy procedure of " ascertainment " without an enormous staff. During 1945 the Acting County Psychiatrist was overburdened with work and became seriously ill, hence less cases were ascertained than in 1944, while some children ascertained in previous years became over school age, and, therefore, are excluded from the figures. Hence the number of Educationally Subnormal pupils shown in Table XIII is little more than in 1944, 160 as compared with 106, in spite of transfers from the former Part III L.E.A. areas. Even so, only 40 of the 160 were receiving appropriate S.E.T. at the end of the year.

The number of children ascertained in 1945 would have been very much less without the invaluable work and assistance of Miss O. Sampson, Educational Psychologist, who, by undertaking much of the preliminary intelligence testing, has been able to save some of the County Psychiatrist's time, and also offer much useful advice with regard to the special educational treatment of the children.

With the gradual training of the Assistant School Medical Officers to help the County Psychiatrist in ascertainment, and the approval by the Committee of a second County Psychiatrist appointment for 1946, the position as regards ascertainment should now improve—more rapidly than the provision of S.E.T. At present the County Psychiatrist spends too much of his or her time in ascertainment work, to the detriment of more specialised work in connection with Child Guidance, etc.

(2) *" Physically Handicapped " Pupils* and the *" Delicate "* pupils who cannot receive S.E.T. in an ordinary school. Here the position is almost as bad as in the case of " Educationally Subnormal " children. Perusal of paragraph VIII of Table XIII will show that the combined total of Physically Handicapped and Delicate Children needing *Residential* education at the end of the year was 70, while only 18 were, in fact, receiving it. Those Delicate Children who need special school education but can attend the day school in Torquay are more fortunate than their brothers and sisters elsewhere in the county. The total number of these Physically Handicapped and Delicate pupils (plus one " Diabetic " pupil) needing *special school* (residential *or* day) was 201, out of which 134 were receiving it, a relatively higher proportion owing to the fortunate provision of the Torquay Open-Air Day School. A note concerning this school, by the Medical Officer, Dr. Gibson, will be found later in this report.

It should be noted that a number of the " Delicate " children who need special school education but cannot get it owing to lack of accommodation have received varying periods of education under good hygienic conditions at the County Council's Children's Home at Oaklands Park, Dawlish, where half-time education is provided as well as " convalescent " treatment. A note on this Home will be found later in this report.

(3) *Epileptic Pupils.* The number of these actually coming within the meaning of the regulations is small, but there are other epileptic children who, because they can be educated in an ordinary school with special care, are outside the category as defined in the regulations, and have therefore, been included in the " Delicate " category. (The same applies, incidentally, to a number of children suffering from diabetes.) Nevertheless, small though the number of " official " Epileptic Pupils is, only half are receiving the educational treatment they need. This is disproportionally serious because of the terrible nature of the disease and its heredity tendency, which because of the undesirability of the pupil having children when he or she grows up makes it specially desirable that there should be some small compensation through the possession of a well-educated mind.

(4) *Blind and Partially Sighted* and (5) *Deaf and Partially Deaf Pupils.* The Table indicates substantial deficiencies in the provision of S.E.T., but in most cases those pupils who are not receiving the education they need are on the waiting list for vacancies at special schools, and will receive the S.E.T. before very long while others take their places on the waiting list.

Further Observations on Handicapped Pupils.

(1) *" Maladjusted Pupils."* 98 pupils in this new category have been ascertained by the County Psychiatrist, but only 30 received residential special treatment owing to insufficiency of provision for this as yet. These, together with some psychological cases of a temporary nature and not officially ascertained, were treated by a combination of attendance at ordinary day schools, at Shaldon (Primary) or Teignmouth (Secondary), together with residence at a hostel for maladjusted pupils, known as " Crownwell," Shaldon, where the staff are experienced in the care of such cases, under the supervision of the County Psychiatrist. Up to the end of 1945 this hostel was still being operated for the Ministry of Health under the auspices of the Government Evacuation Scheme, and only a few Devon

children were admitted, these being paid for on a *per capitum* basis, but in 1946 the Committee will be recommended to take this hostel over from the Ministry of Health.*

(2) *Speech Defective Children* (new category). Great discrepancy between the small number of children ascertained as speech defective "Handicapped Pupils" and the much larger number of children attending the Speech Therapy Clinics as recorded in Tables XII (*a*) and (*b*) earlier in this report will be noted. The reason is that many of the children attending the clinics were doing so before the Regulations were issued, and there has not been time to carry out "official" ascertainments under Section 34 of the Act, except for a few of the children. Moreover, many children with slight speech defect, insufficient to warrant classification of the child as a Handicapped Pupil, are referred to the Speech Therapy Clinics.

(3) *All Handicapped Pupils.* Table XIII also shows the total extent to which the ascertained handicapped pupils in all categories are being provided with the Special Educational Treatment which they require in regard to their age, ability and aptitude. It will be seen that 785 children still of school (or nursery school) age have been ascertained as "handicapped pupils" and 459 of these are receiving the recommended S.E.T. The remaining 326 are either receiving education for which their disability renders them unable to benefit fully (or causes them unnecessary suffering), or they are not receiving any education at all.

Convalescent Treatment for Handicapped Pupils and other Children. Oaklands Park, Dawlish.

The Public Health Committee's Children's Home at Oaklands Park, Dawlish, has served a very useful purpose to the School Health Service. It almost serves as a residential special school for delicate children run on an "open-air" regime, though the children receive only half-day education; but it also serves admirably as a convalescent home for children needing only a few months' treatment. As from this year, the Minister of Education has approved for grant purposes convalescent home treatment as medical treatment under Section 48 (3) of the Education Act, 1944, subject to a maximum duration of 4 weeks. School children admitted to Oaklands Park, therefore, receive free treatment, just as if they were in hospital, up to 4 weeks' stay, the Education Committee paying the Public Health Committee's maintenance charge. After 4 weeks however, if the child stays on at Oaklands Park, parents have to pay the maintenance charge to the Public Health Committee, subject to reductions according to a means test.

With the present lack of residential special school accommodation, the substitute which Oaklands Park offers is indeed most valuable, and the children probably derive at least as much, and probably more, benefit from the half-time education available there than by attending an ordinary school in which the special care they need is not available.

Statistics for School Children in Oaklands Park Home, 1945.

Number of school children in residence, 1st January	36
Number of school children in residence, 31st December	30
Number of school children admitted for first time during year	130
Number of school children admitted for second time during year	—
Average length of stay	13.2 weeks.
Greatest length of stay	52 weeks.
Average gain in weight	4.9 lb.
Greatest gain in weight	13 lb.

Medical Inspection of Handicapped Pupils who are at Special Schools.

During the year 56 "periodical" examinations (22 boys, 34 girls) were carried out by Devon County Medical Staff at the following Special Schools.

Torquay Open-Air School.
Ryalls Court, Seaton (Approved School for Evacuated Maladjusted Children).
Follaton House, Totnes (London C.C. Evacuated Educationally Subnormal Children).

28 children (9 boys, 19 girls) were found defective for conditions other than those which primarily render the children "handicapped."

30 children were also examined as "specials" and 288 as "re-examinations."

* Hostel transferred to Education Committee 1st April, 1946.

Arrangements were also in existence for inspectors of the D.C.C. staff to visit the North Devon Special School and Convalescent Home, Lynton. At this school there are usually a few Devon children, and when the Devon Assistant County Medical Officer visits Lynton she arranges to call and examine the Devon children, usually monthly.

In addition to the arrangement with the above-mentioned schools, the County Oculist alone visited and examined the children in Church Stile Approved School, Exminster, and the St. Vincent's Approved School, Kennford, by request of the Managements and with the agreement of the Committee.

MENTAL HEALTH SERVICES.

Annual Report of the County Psychiatrist.

Last year a full and most interesting report on the mental health and services for school children was submitted by the Acting County Psychiatrist, Dr. Enid Sylvia Lendrum (*nee*Davies). During the latter part of 1945, Dr. Lendrum was ill, and in December the permanent County Psychiatrist, Dr. E. W. Anderson, returned from service as a Psychiarist in the Royal Navy with the rank of Surgeon-Commander. Dr. Anderson, however, has submitted an annual report, written retrospectively which is of considerable interest. In particular it drives home the points already touched upon in the section on " Handicapped Pupils " with regard to the ascertainment examinations and reports for educationally subnormal children.

Annual Report of the County Psychiatrist.

I returned to duty on the 3rd December, 1945, after nearly six years' absence on service.

The bulk of the work of this year was, therefore, carried out by Dr. Sylvia Lendrum.

I found considerable changes on return, the most notable of which was the greatly increased amount of work, and the much larger Waiting List of cases to be seen ; thus there were at the end of December, 1945, 384 School Children awaiting examination and 55 other cases. This increase, is, of course, in large part due to increased duties under the Education Act, 1944, which became operative during my absence, and which involved, of course, taking over the School Psychiatric Work of the other hitherto independent authorities—Barnstaple, Tiverton and Torquay.

No doubt, also the Evacuation situation was, in part, responsible ; first, because of the greater amount of work imposed on the County Psychiatrist during the war by the presence of these children, so that proportionately less time could be given to County Cases, and secondly, that there were still a number of such children in the County. Further, in association with the Evacuation Scheme, hostels had been opened, notably Crownwell for Difficult Children, which involved considerable increase in the psychiatric work. This hostel should require a weekly visit.

With regard to the Mental Deficiency side, another institution, Franklyn, had been taken over.

It was evident before the war, that one Psychiatrist could not possibly cope with the amount of work, and it was with satisfaction that I learned on return, that it was proposed to appoint another. This Psychiatrist (Dr. H. Scott-Forbes) will join the staff early in 1946, and, no doubt, in time, his influence will make itself felt on the excessive case-load.

I found the position with regard to the vacancies at the Courtenay Special School as bad, if not worse, than before the war. The position here can only be described as deplorable. There are nothing like enough vacancies for educable feeble-minded children at this school. The waiting list is a long and congested one, and there are many urgent cases clamouring for admission. The importance of having these children educated in a Special School, is, I am convinced, particularly after my service experience, not fully realised by the community at large. It was found, and Psychiatrists with service experience will agree, that approximately 10% of all cases referred to me in the service were mental defectives, mostly high-graded feeble-minded people and borderline cases, with a sprinkling of lower-grade feeble-minded.

My own experience showed that these people were strongly represented amongst naval offenders, and the loss of time, money and efficiency which their presence in the service involved, was incalculable. It should seem unnecessary to stress this, were it not that daily experience shows otherwise. The community as a whole is clearly insufficiently aware of the problem of mental deficiency. The cases mentioned in the service were those who had slipped through the mesh of authorities in various parts of the country. Had they been dealt with as they should have been, the services as a whole would have gained very greatly in efficiency, and much of the time of busy and high-ranking officers could have been devoted to more important tasks.

The most pressing requirement in the county at the present moment is to set up a temporary Special Residential School or Schools, assuming, that is, that the staffing problem could be overcome. This, however, would seem likely to prove a major stumbling block. Secondly, if the duties of ascertainment under the Education Act are to be properly carried out, two Psychiatrists will not suffice for this purpose, nor is it desirable that highly trained specialists should spend their time in routine ascertainment. There is more than enough work in the county calling for their specialised experience. It seems that there is no possibility of the duties under the Act being carried out adequately, unless, and until *every* Assistant School Medical Officer in the County is in possession of the Mental Health Certificate, and is required to perform these Statutory Examinations himself. If this were the case, an enormous lightening of the load, which at the moment there is no prospect whatever of overtaking, would result.

I had strongly recommended to Dr. Sylvia Davies before leaving for the Navy to develop the Psychiatric aspect of Juvenile Delinquency, and I was very gratified on returning to duty to find that it was the almost universal practice in the County to refer such offenders for Psychiatric Examination. The fact that these referrals as well as those in other branches of the work were so frequent, can only be as a tribute to the very valuable and skilled work which Dr. Sylvia Davies carried out in my absence. It shows clearly that there is a need for psychiatric guidance, and that this need was being filled.

During my absence, Child Guidance had also undergone a considerable development, and there are now two active clinics, at Barnstaple and Torquay.

The County had decided to appoint a Psychologist and a Social Worker for service in association with these clinics. The appointments were made early in 1946.

The most pressing need, however, in regard to Child Guidance is the provision of suitable premises. Only a very sketchy effort to cope with this problem can be made until premises are found with the appropriate number of rooms, and suitable play material, etc.

There seems little doubt, however, that in the not too distant future, the Council will have a Child Guidance Service, with which it can be thoroughly satisfied. Even the tentative beginnings so far made have proved of considerable value.

E. W. Anderson.

(July, 1946.)

TABLE XV.

Educational Retardation and Mental Deficiency.

The number of cases examined by the County Psychiatrist was :—

	New Cases.			Re-examinations.		
	Nursery School	*Primary and *Secondary*	*Further*	*Nursery School*	*Primary and *Secondary*	*Further*
Educationally Subnormal ...	—	64	—	—	84	—
Imbecility	—	15	—	—	18	—
Behaviour Abnormality ...	—	69	—	—	126	—
Epilepsy	—	5	—	—	3	—
Diagnosis not completed ...	—	1	—	—	—	—
Borderline	—	15	—	—	13	—
No Mental Defect	—	3	—	—	1	—

The County Psychiatrist was consulted in 22 Devon cases in which action was taken under the Children and Young Persons Act, 1933.

10 Devon cases were admitted to the Courtenay Special School, Starcross.

3 cases were notified to the Local Authority for the care of the Mentally Defective, as having attained the age of 16 years.

30 Devon cases remained at the Courtenay Special School.

12 cases have been notified to the Local Authority for the Care of the Mentally Defective as ineducable.

*Including Modern Secondary, Grammar and Junior Technical.

Miss D. MacMichael, the Organising Secretary of the Devon Voluntary Association for Mental Welfare, which has for many years done invaluable work analogous to that of a Psychiatric Social Worker, in connection with educationally subnormal children as well as " mental defectives," has kindly submitted the following report on her work and that of her Association during 1945.

Devon Voluntary Association for Mental Welfare.

The following is a brief statement of the work done by the Association in connection with mentally defective children of school age who have not been notified to the Mental Deficiency Committee.

35 reports on individual cases have been sent to the County Medical Officer, and one parent's consent duly signed.

45 visits have been paid from the Office, i.e. 28 to the homes and 17 to schools, and 17 children seen in the school.

5 boys and 5 girls have been under the supervision of the Home Teachers, who have paid 115 visits during the year for the purpose of giving instruction and supervision.

3 girls are attending the Barnstaple Occupation Centre, and during the year 10 boys and 7 girls have attended the Torquay Occupation Centre.

PHYSICAL EDUCATION.

For the submission of reports on the Physical Training of girls and boys during 1945 I have to thank Miss K. Hacker and Capt. A. P. Young, respectively. I am glad to say that these reports are more hopeful for 1945 than for the previous year. With the demobilisation of some of the teachers the physical education situation is no longer so desperate as in 1944, and the outlook for 1946 much less gloomy. It is to be hoped, and expected, that the malposture so often commented upon by the Assistant School Medical Officers, and now, later in this report, by the Consulting Orthopaedic Surgeon, Mr. Capener, will become less prominent, though it must be appreciated that " physical training " is only one of the factors which help to induce beautiful and efficient body carriage. Good nutrition, suitable clothing (especially suspension of nether garments) and home and school furniture designed on correct anatomical and physiological lines. all play their part.

BOYS, 1945.

The early part of the year showed little improvement because releases from H.M. Forces were slow. In some cases where new appointments were almost completed, lack of housing facilities caused good applicants to withdraw. As the year advanced, however, there was a steady return, and although the demobilised teachers have not yet had sufficient time to make their presence fully felt, there is every hope now that a great improvement of the standard of physical training will begin to be seen.

Secondary Schools.

Work in the Grammar Schools continues to be good and will improve as more specialists return. Many Modern Secondary Schools have now a specialist teacher on the staff, and it is hoped that others will be appointed for schools in which class teachers are at present doing the work.

The programme aimed at is two lessons per week of 45 minutes each, using portable or a full range of apparatus, plus at least one hour's games per week. Such times permit of boys changing and washing where adequate facilities exist. I am glad to report that where showers have been installed they are being brought back into full use. Two difficulties are, however, the provision of clothing for gymnasium and towels for showers. In most schools shorts for boys are being produced from old black-out material but shortage of supplies and the problem of coupons is proving a serious drawback on the games field. Football shirts (both codes), stockings and boots require coupons (11 per pupil) and this sacrifice can hardly be expected.

Primary Schools.

These maintain a reasonable standard of efficiency and I am grateful to my colleagues, Miss Hacker and her assistant organisers for their very willing co-operation in these schools. Much of the work is done by women teachers, though men, returning from the services, will soon be taking the boys in the larger schools.

Supply of Plimsolls.

Unfortunately strict control of these is still in operation and this is a continual source of worry. The present Government allocation is only one pair per ten pupils. The shortage affects all types of schools and interferes considerably with progress. I am aware, of course, of the unpleasant necessity of shoes having to be shared by different pupils, but I cannot see any present solution of the problem.

Games Apparatus.

The most useful items are still under Government control and many are in short supply. Hockey balls and cricket balls are really scarce. The *per capita* allowance, however, permits of good supplies being purchased by the school and the only difficulty is to preserve a fair distribution.

Games Fields and Practices.

Much will have to be done to bring this side of the work up to requirement. There is first of all a general need for better lay-out and care of playing spaces. Levelling and proper drainage of existing fields are much overdue and in many cases there is insufficient space for anything like a proper programme to be prepared. The two problems of labour and proper machinery for upkeep are very pressing.

On the instructional side it is evident that courses for teachers in games coaching will have to be held, and I hope to commence these as soon as my assistant is appointed.

Swimming.

There was a fair response during the season. All available facilities were used, but pre-war conditions have not yet fully returned. Ilfracombe bath was not placed at our service, so the schools there were unable to carry on. Cullompton also had to drop out, and lack of transport cut down numbers at Exmouth. The usual tests were carried out where asked for with the following results :—

Beginners	... 271
Proficiency	... 91
Star Proficiency	... 45

I have every hope of re-establishing the pre-war standard in the forthcoming season.

Gymnasia.

Towards the close of 1945 arrangements were made with Messrs. Spencer, Heath and George, gymnasium experts, to overhaul all gymnasia. The work is now well in hand and the Committee can rest assured that all apparatus is in a safe and satisfactory condition. All work carried out has been inspected by me and reported on as to its proper execution.

A. P. Young,

Organiser of Physical Education.

GIRLS, 1945.

General.

The position with regard to the physical education on the girls' side is slowly improving in some parts of the County, though the work is still very limited in many places owing to the staffing problem, lack of suitable accommodation both indoors and outdoors, and the shortage of plimsolls and equipments.

Staffing.

In many schools the work has suffered from having no suitable teacher to take physical training with the girls and in some of the modern secondary schools the fully equipped gymnasia have not been made full use of owing to there being no teacher on the staff qualified to take the work with fixed apparatus.

Training of Teachers.

During the year Teachers' Classes were held as follows :—

Staff.	*Centre.*	*Course.*	*No. of Teachers.*
Miss Martin	Exeter ...	P.T. for women teachers ... (senior work)	21 (Including City teachers)
Miss Martin	Tiverton ...	P.T. for women teachers ...	72
Miss Chetham	Bideford ...	P.T. for women teachers ...	43
Miss Chetham	Lynton ...	P.T. for women teachers ...	14
Miss Chetham	Ilfracombe ...	P.T. for women teachers ...	29
Miss Powell	Exeter ...	P.T. for women teachers ... (junior work)	50 (Including City teachers.)
Miss Powell	Exeter ...	P.T. for women teachers ... (infant work)	49 (Including City teachers.)

Residential Teachers' Course in Physical Education.

This was held at Teignmouth Grammar School, from 9th August to 18th August.

The extension of the Course this year to nine days allowed for a less strenuous and condensed programme of work than last year's six-day course and in consequence the teachers got more out of the Course. Twenty-eight teachers attended the Course and all the County Women Organisers of Physical Education were present, i.e. Miss Hacker, Miss Martin, Miss Chetham, Miss Powell and Miss Elliott. The Course was mainly intended for teachers in rural schools and the work was based on the 1933 Syllabus. Lectures on general educational interests were given by Mr. Robbins and Mr. Botrherton. Miss Head gave an interesting talk on the use of the Essex Agility Apparatus which she had designed herself and the film was shown at the same time. On Saturday evening a social evening was arranged and every one enjoyed the American Square Dancing and Country Dances which Mrs. Grant took with them. Sleeping accommodation was arranged at the Mill Lane Hostel and at the Grammar School, where camp beds were provided. The catering was very good indeed, thanks to the wholehearted co-operation of the Grammar School cook and the kitchen staff.

Accommodation.

The work in parts of the county has been much handicapped during the past year by lack of indoor accommodation. In some cases this has been due to serious overcrowding in the schools and the hall or spare room having to be used as a classroom. Since the return of the evacuees this situation has eased a little and also more schools have now the use of the local village hall for indoor accommodation which is a great asset. The resurfacing of some of the playgrounds is slowly getting under way and where these have been completed and the school thus enabled to take a regular physical training lesson again, the work has improved beyond all recognition.

The lack of playing fields and the upkeep of those available still present a grave problem, particularly in regard to the modern secondary schools.

Swimming.

This season the girls' swimming was of a good standard. 30 schools had a swimming test and certificates were awarded as follows :—

Beginners ...	338
Proficiency ...	105
Star Proficiency	8

Youth Service.

The senior Woman Organiser and her Assistants visited some of the Youth Service Clubs to give help with the Physical Recreation, and classes were arranged for girls and women under the Evening Institute in connection chiefly with Youth Service clubs in the following places :—

Brampford Speke.	High Bickington.	Paignton (3).
Braunton.	Honiton.	Newton Ferrers.
Chagford.	Ilfracombe.	Stockland (2).
Chudleigh Knighton.	Kingsbridge.	Teignmouth.
Crediton.	Kingsteignton.	Torquay.
Dawlish (2).	Kingskerswell (3).	Totnes (3).
Exmouth.	Ottery St. Mary.	

Miss E. Clarkson and Miss M. Wyness of the Central Council of Physical Recreation have been working in the County again this year in visiting some of the " Keep Fit " Classes. Miss M. Wyness took a One Day Refresher Course at the Barnstaple Girls' Grammar School on 17th March, 1945, when nine leaders attended.

National Association of Training Corps for Girls.

The senior Woman Organiser and her Assistant have attended G.T.C. Training Courses held in the County at Barnstaple and at Torquay, and also visited several G.T.C. Companies and Sections in the County during the year.

Miss Hacker was elected to represent the South-West Region to the N.A.T.C.G. Council.

Devon Physical Education Association.

The Devon Physical Education Association has held three one-day Refresher Courses in Exeter during the year, the one on 12th May being in conjunction with the Ling Physical Education Association. These Courses were well-attended and much appreciated by the Teachers in the County who are responsible for the physical training in the schools.

Physical Education Scholarship.

The Physical Training Scholarship for a three years' Course of training was awarded to two candidates this year, who began their training in September.

Assistant Organisers.

During the year the following changes in the organising staff took place :—

Mrs. H. M. Martin resigned, and Miss M. Moore was appointed to replace her.

Miss G. G. Powell was appointed to work in the Exeter City Schools and County Schools in the vicinity of Exeter, and also at the University College of the South West.

Miss C. L. Elliott returned from war service after six years with the A.T.C.

The County is now divided into areas and the Assistant Organiser lives in the area in which she is working. These are arranged as follows :—

North	...	Miss Chetham.
South	...	Miss Elliot.
East	...	Miss Martin.
West	...	Miss Moore.
Exeter and District	...	Miss Powell.

K. HACKER,
Organiser of Physical Education.

CONSULTATION SCHEMES.

(General, Orthopaedic and Tuberculosis.)

(*a*) **General.**

No change was made during the year in the arrangements for referring school children to consultants :—physicians, surgeons or specialists. The scheme is being increasingly used, however, by the Assistant School Medical Officers and is of great value.

Certain of the Consultants have kindly commented on this year's work, and the following is an interesting excerpt from the report received from Mr. W. H. Bradbeer, the Consulting Ear, Nose and Throat Surgeon in the Torbay—Newton Abbot area, and Surgeon in charge of the Torquay Ear, Nose and Throat School Clinic. This clinic is held weekly during school term, at the Central Clinic, Torquay.

> " Upper respiratory infections in childhood and their sequelae, viz. unhealthy tonsils and adenoids, sinusitis, deafness and otorrhoea are an inevitable concomitant of poor housing, bad hygiene and unsuitable feeding. It, therefore, follows that the prevention of these conditions lies in the provision of better housing and a higher standard of education and intelligence rather than bigger and better special clinics. These facts are, of course, fully appreciated by medical officers, but are not sufficently realised by the general public. It is hoped that the lay members of committees connected with health and child welfare will ponder on these remarks. It is hoped that in future years the number of cases referred for diseases of the Ear, Nose and Throat will steadily fall."

The following table indicates the number of children seen under the scheme during the year. It should be noted, however, that orthopaedic consultations are not included, being dealt with elsewhere in this report (Table X), and that no cases were referred for consultation with eye surgeons. The County Council have their own two full-time eye specialists, who, besides undertaking routine work in the schools, attend regularly at periodical fixed consultation centres at 18 centres in the County.

TABLE XIV.
Consultation Scheme.

	Primary School Children.	Secondary School Children.	Total.
Ear, Nose and Throat Surgeons ...	166	8	174
Dermatologist	15	2	17
General Physicians or Surgeons ...	48	2	50
Any Other	—	—	—
Total ...	229	12	241

(*b*) **Orthopaedics.** (See also Table X and relevant text.)

Mr. Norman Capener, the Consulting Orthopaedic Surgeon, has kindly furnished the following note, which is interesting to read in conjunction with the reports of the Physical Training Organisers in the section on " Physical Education."

> " The most important comment that I have to make about the working of the Orthopaedic Scheme during 1945 is rather on the lines of my recent letter to you in the matter of remedial physical training. I feel that the work that we do—and I have always felt this—is somewhat difficult in view of the lack of facilities for maintaining adequate physical training in schools, particularly for the problem cases of posture. I hope that we may envisage a time not far distant at which there will be centres in the chief towns where we may have orthopaedic physiotherapists visiting at more frequent intervals than weekly, so that more intensive supervision of remedial gymnastics can be carried out, and in a system by which possibly we can have closer co-operation with the education staffs, particularly the school teachers and gymnasts. Our difficulty is at the moment that in cases in which we recommend remedial exercises, only relatively rarely do we feel confident that the exercises recommended are in fact carried out. In the same connection we do hope that facilities can be available for mid-day rest periods for some of the rapidly growing children who have weakness of the spine."

(*c*) **Tuberculous Children.**

All children suspected of being tuberculous, whether as to the lungs or to other parts of the body, are referred by Assistant School Medical Officers under the Consultation Scheme either to the Tuberculosis Officers or to the Orthopaedic Surgeons as appropriate.

Before the end of the year the Tuberculosis Consultation Scheme was brought into line with the other schemes for consultation in the School Health Service. A letter is written to the child's family doctor, if the name can be ascertained, stating that a consultation has been suggested and inviting the family doctor's comments and suggestions. If no reply is received within a week an appointment for the consultation is made.

Each of the three Tuberculosis Officers has submitted an annual report on this work with school children during the year. In view of their interest these reports are reproduced *verbatim*.

(i) *Central and East Devon Area : Dr. C. J. Galbraith.*

" I have seen quite a number of school children referred by the Assistant County Medical Officers. Some have been advised to go to Oaklands Park, but the presence of tuberculosis is practically *nil*, in fact the only ones I have seen are those cases already known to me. I have seen a fair number of cases of asthma, which seems to be on the increase in my area. In a few of these cases the freeing of the nasal passages ameliorated the condition and in some others I have advised removal to another area."

(*b*) *South and West Devon Area : Dr. Wyndham Lloyd.*

" The present report deals with *all* children of school or pre-school age seen by the Tuberculosis Officer for the first time in 1945, and not merely those sent directly by the School Medical Officers. In all, two hundred and eighty-four new cases below the age of fourteen were seen, and of these only fifty-seven, i.e. one-fifth, were sent by the school doctors, the other children having been sent by their family doctors or examined by the tuberculosis officer on his own initiative as contacts of known cases of tuberculosis. In addition a large number of children were seen for the second or subsequent time, especially during routine follow-up of those who had recently incurred the risk of infection.

The following Table gives a concise analysis of the number of children seen, the route by which they reached the tuberculosis service, and the number of cases of different types of tuberculosis that were found during the year. Tuberculosis of bones and joints has not been included because any child suspected of these is referred to the orthopaedic department.

Seen at request of	Total Cases sent.	Phthisis (adult type).	Primary and epi-tuber-culosis.	Miliary tuber-culosis.	Pleural Effusion.	Glands.
Private Doctors ...	121	3	4	1	2	5
School Doctors ...	57	—	1	—	—	—
Tuberculosis Officer (contacts) ...	106	3	1	—	—	—
Totals ...	284	6	6	1	2	5

Table. Analysis of results of examination of children by the T.O. in 1945. New cases only.

Six cases of pulmonary tuberculosis of the normal adult type were found. One was treated by rest at home and is doing well. The other five went to Hawkmoor, where four of them remain at present. One child was moribund when first seen and died in the sanatorium, where she was sent solely to protect the health of the other children in the home.

Besides these, there were six cases of primary tuberculosis (including so-called epituberculosis). All these were treated at home and are doing well ; none of them shows any sign of developing progressive disease. One further case of primary tuberculosis was discovered in a contact who had been under intermittent observation for more thsn a year. He was treated at home, has done well, and is now attending an open-air school.

One case of miliary tuberculosis occurred. She was beyond treatment when first seen in a hospital and she died at her home. It was in the course of the routine examination of the rest of the family that two of the children having pulmonary tuberculosis were found. All three were probably infected by an adult in the family, who appeared perfectly well and was working ; but he was found to have active pulmonary disease. He is now under treatment. These circumstances show quite clearly the importance of examining every member of the household in which tuberculosis has been discovered. It is not always easy, however, to secure the co-operation of the older members. Through the one case of miliary tuberculosis, three cases of pulmonary disease were discovered in time to institute effective treatment.

Five cases of cervical adenitis of tuberculous origin were seen, all of them sent by private doctors and all of them treated privately.

Two children had pleural effusions. One was transferred to another district and the other treated at home.

Besides tuberculosis, other chest abnormalities discovered include three cases of bronchiectasis, two cardiac anomalies and one child with a lung abscess.

It had been hoped that the tuberculin patch test would have proved a sufficiently reliable guide to have enabled the tuberculosis officer to dispense with the chest skiagram of children who did not react to tuberculin. Unfortunately experience has shown that sometimes (but even if it were rare it would be serious) patients with clinical, X-ray and bacteriological evidence of pulmonary tuberculosis may in fact be negative to the patch test. For this reason *all* children, except babies, when seen by the tuberculosis officer, have their chests X-rayed. The patch test has been used again this year, but only in selected cases. Often a negative result helps materially in reassuring the parents, whereas a positive one gives a good reason for following up a case later. In 1945 119 children were patch tested and of these 23 (19.2%) reacted positively. Of the positive reactors twelve (just over half) were contacts of known tuberculous persons.

During the year two private doctors have expressed their opinion that children ought not to be sent straight from the school clinics to the tuberculosis officer, but should be referred to their family doctor first. One reason given was that to send a child directly to the T.O. on scanty evidence only succeeded in frightening the parents out of their wits and seldom brought to light any tuberculosis. From observation I can say that the first half of this statement is right in a good many instances, while the second proposition is corroborated very strikingly by the table set out at the beginning of my report. The *only* case of tuberculosis discovered among the children referred by the school medical service was one of primary tuberculosis. This boy was a contact of his elder and tuberculous brother and would have been seen by the tuberculosis officer as a matter of routine at the next visit to the home or before. As mentioned above, the Tuberculosis Consultation Service was brought into line with the arrangements for other consultations before the end of the year.

Conclusion. The situation does not appear to be out of hand, but every case of childhood tuberculosis is one too many. There is a number of households in which there are infectious cases in contact with children in circumstances which allow the latter to run the risk of massive infection. Wherever these conditions are met, the medical officer of health for the district is informed. None the less the present housing difficulties make it almost impossible to do more than give general and detailed advice on the lines of cleanliness and common sense.

(iii) *North Devon Area : Dr. A. J. McMillan.*

" During the year 1945 there were new notifications of tuberculosis amongst children in this area, with the following classification :—

Non-Pulmonary.	*Pulmonary.*
14 (fourteen).	6 (six).

Mantoux tests and tuberculin patch tests were employed in a number of cases, but chiefly for the purpose of eliminating the presence of any active tuberculous lesion. The routine testing of all children, whilst of academic interest, would appear to have little value in anticipating the incidence of active tuberculosis in later life. The important phase is the change over from a negative reactor to a positive one, at whatever age this may occur. It must be admitted, however, that one or more children with a positive tuberculin reaction in one family, and no known contact history, should call for investigation of milk supply or adult members of family.

One hundred and sixty-six children were X-rayed during the year, as new suspects or contacts. Owing to the inadequate facilities in this area for the X-ray examination of contacts, no large scale examinations could be carried out—in fact, the number had to be reduced to a minimum, by the cancellation of the monthly contact clinic for the last quarter of the year. Until better facilities are provided, no real improvement in numbers of child suspects or contacts examined can be expected."

Hawkmoor County Sanatorium.

After consultation with the Tuberculosis Officers or Orthopaedic Surgeons, some children have been admitted to the County Sanatorium for observation or treatment. Dr. R. L. Midgley, Medical Superintendent, has kindly submitted the following report regarding such children. Dr. Midgley again emphasises the great danger which children run by living in the same house with sputum positive cases of pulmonary tuberculosis.

" There were 8 children of school age in the Sanatorium on the 1st January, 1945, 12 were admitted during 1945, and 5 remained in the Sanatorium on the 31st December, 1945. It is to be noted that there have been only 20 children of school age in the Sanatorium during the year.

These children were grouped clinically as follows :—

5 pulmonary T.B. plus 3.
1 pulmonary T.B. plus 2.
1 pulmonary T.B. plus 1.
7 pulmonary T.B. negative.
5 tuberculous cervical glands.
1 observation case.

The number of T.B. positive cases is the highest ever, and of the T.B. plus 3 group, 2 died in the Sanatorium, 1, an evacuee, was taken back to London by her parents in a hopeless condition, another was taken home in a hopeless condition and died before the end of the year, and the fifth child is showing some improvement but his outlook is still serious. The other positive cases are improving with artificial pneumothorax treatment. In three of these cases there is a definite history of contact with an open case of pulmonary tuberculosis, in the other 4 it has not been possible to establish any source of infection.

Of the T.B. negative cases, 4 were mild and are expected to do well. The remaining 3 are more serious and their outlook is not so good. Six of these cases have pulmonary lesions, and one is a case of pleurisy with effusion. In 5 of these children it was possible to establish a definite history of contact with an open case of pulmonary tuberculosis.

Thus in 14 cases it has been possible to establish a history of contact in no less than 8 cases.

Of the 5 cases of cervical glands, all had operations for removal of the glands and sinuses, and all have done well.

The observation case was diagnosed as bilateral basal bronchiectasis. This child was considered unsuitable for operative treatment and was given instruction in postural drainage. There has been much improvement, but the prognosis is not good.

" From the foregoing it will be seen that the pulmonary cases have been more severe than usual, and illustrate the grave risk which children run in living in contact with sputum-positive cases." This comment from my last two annual reports continues to be the most striking feature, and emphasises the urgency of intensive seeking out of infectious persons and their proper segregation.

Two children died in the Sanatorium.

The average length of stay was fifteen weeks.

Three girls from amongst these children who had passed the school leaving age by the time they were discharged were offered posts on the Sanatorium domestic staff. Two accepted and have continued to keep well. The third refused and is keeping well at home. Of the remainder, 7 were fit for school or work on discharge, and 3 were unfit. The number remaining in the Sanatorium at the end of the year was 5."

INFECTIOUS DISEASE IN SCHOOLS, 1945.

Schools.

No particularly out breaks of infectious disease occurred in primary or secondary schools throughout the year. There were the usual seasonal out breaks of whooping cough and measles, and some fairly heavy mumps outbreaks. Very few schools were closed on account of infectious disease, 5 for measles, 2 for scarlet fever, 2 for whooping cough, and 1 for epidemic sickness, for short periods only.

Absences on Account of Infectious or Contagious Diseases.

Chicken Pox	571	Whooping Cough ...	677
Diphtheria	22	Typhoid Fever ...	1
Influenza and Colds ...	252	Conjunctivitis ...	8
Epidemic Jaundice ...	24	Impetigo	108
Measles	4,742	Ringworm	52
Mumps	776	Scabies	198
Rubella	55	Other Skin Diseases ...	15
Scarlet Fever ...	258	Other Diseases ...	47
	GRAND TOTAL ... 7,806		

Diphtheria Prophylaxis.

As I forecast in last year's report the amount of time devoted by the Assistant School Medical Officers to helping the District Medical Officers of Health, who are responsible for this work, had to be curtailed in 1945, as it was found that in previous years the A.C.M.O's were having too much of their time absorbed by this assistance. This help is quite distinct from their immunisation of children under five at the Maternity and Child Welfare Centres, for which the County Council has a primary but not sole responsibility. Immunisation at Welfare Centres was in fact considerably developed during 1945.

EMPLOYMENT OF SCHOOL CHILDREN OVER 12 YEARS OLD.

Under the Committee's bye-laws, employment of school children during term time is restricted, on school days, to evenings. The early morning paper rounds, which are usually so detrimental to the health of young children, are therefore not allowed. Before a child may be employed at all, a medical certificate stating that the proposed employment will not be detrimental to health is required. In many cases, however, employment has been found to have been illegally begun before the child is submitted for medical examination, and in some cases employment has continued for long periods without medical approval before the case has been discovered. There is no excuse for this evasion of the bye-laws, since the Committee approved a scheme for the payment of general medical practitioners for certificates of fitness for employment in cases where it would be inconvenient for a child to attend a school clinic (e.g. in remote rural areas) and cannot wait for the A.C.M.O's next visit to the school. This new scheme has been very little used however.

During the year a total of 489 examinations for employment were carried out, of which 484 were performed by A.C.M.O's and 5 by general practitioners. Altogether, 10 children were certified as unfit for employment on school days.

CHILD WELFARE.

EXAMINATION OF PRE-SCHOOL CHILDREN.

Probably because of the great increase during recent years in the number of Maternity and Child Welfare Centres operating in the County, 57 of which were functioning at the end of the year, the scheme under which children under school age may be brought by their parents to school when there is a medical inspection, for examination and advice, has again been small. Only 35 children were recorded as seen by the Medical Officers. 6 of these children were found to have one defect each (Impetigo, Adenoids, Enlarged Adenoids with Chronic Tonsillitis (2), Tonsillitis, Bronchitis). No cases were suffering from malnutrition.

The scheme should be used more than it is, as it is still impossible to cover the whole County with Maternity and Child Welfare Centre Services, although with the larger number of centres, and the much greater use of motor transport to bring parents and children in to centres from outlying hamlets and villages, the position is much more satisfactory than it was four years ago.

The Dental Officers now visit Maternity and Child Welfare Centres regularly to give advice. This is a most valuable and educational service. Treatment when required is carried out at Specially Equipped Clinics in various parts of the County.

INDIVIDUAL REPORTS OF ASSISTANT COUNTY MEDICAL OFFICERS.

At the end of each year's work, all Assistant County Medical Officers are expected to write a short report, including a report on their work in the School Health Service. It has been customary to record extracts from their contributions in my annual report.

Dr. Nora Proctor-Sims : *Area No.* I. Ilfracombe U.D., Lynton U.D., Barnstaple R.D. (less 4 western parishes). Also female Secondary and Technical Schools in Barnstaple Borough.

On beginning work on 1st June I found the school inspection work in arrears owing to the gap between Dr. Martin's going and my coming. During the year all schools have had a periodical inspection and one re-inspection but not all have had the full number of three re-inspections.

HEALTH OF THE CHILDREN : The two conditions I found most prevalent were naso-pharangeal catarrh, a good deal of which was traceable to defective hygiene (environment and training), and anaemia. The anaemia, which reacts quickly to iron, appears to me to be nutritional ; on the whole it was most marked in children from badly managed homes, or those not having school meals, or those allowed to be fussy over their food. Many parents and children need to realise that the term " salad " does not simply mean lettuce.

The School Clinics are a very valuable means of keeping in touch with children seen and noted for supervision at the medical inspections. I would like to see a fortnightly or monthly clinic available for all the rural schools, i.e. by the A.C.M.O. and school nurse, with a car fitted out with the necessary things. The arrangement by which the first half-hour of some M. and C. W. sessions is used as a school clinic is not very satisfactory, but is better than nothing.

During inspections at the Barnstaple Technical School and (to a lesser extent) at the Barnstaple Girls' Grammar School I noticed definite evidence of fatigue, due apparently to the very early start some of the children have to make and the long hours spent in buses travelling to and from distant homes. School dinners should be as attractive as possible, and compulsory for these children, and it would be an advantage if a common room or rest room could be provided for use during the lunch hour. I think more attention should be paid to the warming and ventilation of school buses.

I received excellent co-operation from the school nurses and H.V's of my area and also ready interest and help from the teachers.

Dr. Florence Rhodes : *Area No.* II. Bideford B. and R.D., Holsworthy U. and R.D's, Northam U.D., Torrington B. and R.D., 4 western parishes in Barnstaple R.D.

HEALTH OF THE CHILDREN : It is my opinion that the general health of the children has improved in those schools which have a hot dinner provided.

The increase in the number of children taking milk has probably had some effect on the improved health. The improvement appears more marked when one looks back over a period of 13 years.

Under the heading general health I wish to mention improved posture, lack of anaemia and, particularly in one infant school, the good condition of the first teeth. As regards teeth this improved condition might be due to the lessened consumption of sweets and, or the increased use of Vitamin preparations.

The co-operation and increased willingness of the parents to have defects remedied has been noticeable during the year.

MEDICAL INSPECTION ROOMS : In the proposed planning of any new school building I wish to ask for a medical inspection room which is of adequate size, warm, well-lit and has a lavatory basin. Also in such position in the school that extraneous noises are not heard in the room.

Although the Head Teachers give up their best room, very often causing disorganisation in their curriculum, the accommodation is far from ideal. After painful experience of many years one learns which schools to avoid in the extreme cold weather. As regards lighting one makes the best of it. Noise, as I mentioned once before, is unavoidable in such close proximity to other class rooms.

Dr. E. D. Allen-Price : *Area No III* (Half Area.) : Broadwoodwidger R.D., Okehampton U. and R.D's, 7 parishes in Tavistock R.D.

The schools were visited frequently as time would permit and the general health of the children, as far as one can recollect, compared favourably with the pre-war findings.

Considerable difficulty was experienced in trying to combine school work with the duties of a medical officer of health, and I feel that in the near future the matter should be brought forward for discussion. In fact the whole position of the school medical officer is in my opinion unsatisfactory.

The Maternity and Child Welfare Centre at Okehampton continued to be well attended ; the premises used are, however, entirely inadequate. The Town Council are contemplating the erection of a new Town Hall and Municipal Offices and advantage should be taken of this by the Welfare Authority in the provision of suitable accommodation for child welfare.

Dr. Audrey C. Whitfield : Area No. IV. (Half Area.) : Tavistock U.D., Tavistock R.D. (less schools in 7 northern parishes), part of Plympton R.D. (Plympton St. Mary, Bickleigh, Sparkwell and Tamerton Foliot only.)

1. Inspection in Schools. This year I have found on the whole a good standard of health in the schools I have visited. In several cases of early rheumatic disease affecting the heart, recognition of an increased pulse rate and perhaps only very slight murmur led to immediate treatment by the child's private doctor following a school inspection, instead of perhaps a long delay had there been no inspection. In one case, particularly, a girl was found to have definite signs of acute rheumatism, which from that day necessitated seven weeks in bed. She has now recovered completely. I have found a considerable number of cases of purulent aural discharge, some long standing. There seems to be still great difficulty in providing adequate treatment for these cases, and I fear will result in too many cases of deafness in the future unless they can be treated.

2. School Clinics. Plympton School Clinic was opened for a weekly morning session just under a year ago, and has already proved its usefulness. The numbers have gone up rapidly from half a dozen in a morning to over fifty each week. The first half-hour of this Clinic is given over to foot and leg exercises, and general posture exercises under the Health Visitor's supervision, of the children requiring regular exercises for slight orthopaedic defects. The improvement in these conditions has been marked, as not only are the exercises properly done once a week, but the children become much keener to be regular at home.

The services of the Nursing Assistant are most necessary to deal with the increasing number of patients.

A problem arises in sending children from St. Mary's Primary School to the Clinic, as they have to cross a main road, and it involves a risk which neither the Headmaster nor I consider should be taken to allow children to come unaccompanied. It is difficult to spare teachers, but an arrangement has now been made to set apart part of alternate sessions for the use of St. Mary's children, so that they can all be examined and treated in the shortest possible time.

Dr. G. D. Park : Area No. V. (Since September. Previously Area No. XI, temporarily, from May—August.) Kingsbridge U. and R.D's, Plympton R.D. (less Plympton St. Mary and 4 Northern Parishes), Salcombe U.D., and Totnes R.D. west of River Dart.

The type of case attending the School Clinics tends to be very ' minor '; warts being easily the most common single complaint, but really interesting complaints do arise requiring prolonged examination. The Clinics as at present constituted in my area are not adapted to deal with these cases.

The defect which was most striking of all to me, was the number of children who had enlarged tonsils and the remarkable size they could assume. My experience in Scotland tended towards the other extreme and it was surprising to me to find that such a condition could exist in a child without any associated symptoms. I have tried to think of a predisposing factor and only one difference between this area and Scotland occurs to me. In the latter the dairy standard appears to be very much higher and this may have a bearing on the question.

The children appear to enjoy their milk and meals in school. There is little designated milk supplied and milk is usually supplied in bulk. This necessitates " breaking " on the school premises —usually by ladle and in surroundings far from hygienic. The supplying of clean and safe milk to schools is one which I hope will soon be at hand. Meals cooked on the school premises show greater quantity, quality and variety than those meals supplied from a central kitchen. This is to be expected as meals cooked in the school are under teacher supervision. It was pleasing for me to note that the teachers took an interest in teaching the children table manners—an essential part, I think, of school dinners.

Other observations :—

(*a*) Diagnostic appliances are extremely useful in school examinations, i.e. the Ishihara " Tests of Colour-Blindness " reveals many children colour blind who had not been discovered by previous methods employed.

(*b*) The occurrence of mild thyroid enlargement at the age of puberty appears to be local, viz. I saw five such cases one morning at Modbury.

(*c*) There is an absence of co-operation between rival medical practitioners in many places. But patients are not reliable witnesses.

(*d*) Four cases of avitaminosis occurred in this area, three had interested mothers, were regular partakers of M.O.F. vitamin oil but developed rickets. One developed rickets but the mother had not considered the child needed these "new-fashioned medicines."

Dr. Edith M. Davies : Area No. VI. Ashburton, Brixham, Dartmouth and Totnes U.D's, Totnes R.D. east of River Dart ; also Girls' Grammar and Technical Schools in Torquay.

The chief defects are enlargement of tonsils and adenoids, defective vision, decayed teeth, minor orthopaedic defects and malnutrition.

Otorrhoea is quite an important though not a very frequent defect. The greater number of cases I found among evacuees in the Totnes area ; these children had had the discharge before arrival. If the defect did not clear up fairly quickly they were referred to Mr. Bradbeer, who has performed mastoid operations on several cases. It has been most helpful to have the advice of Mr. Bradbeer regarding many cases. It seems to me a great pity that cases of chronic otorrhoea could not be admitted to an institution such as Oaklands Park as the general "uplift" in health so often overcomes infection. Moreover there are skilled people at hand who could attend to aural hygiene. If reasonable care were taken, spread of infection to other children would not be very probable.

A most striking example of benefit from general uplift in health occurred in an evacuee girl. I first saw her in 1941 suffering from severe deafness unaccompanied by otorrhoea and referred her to Mr. Bradbeer who considered the deafness to be the result of measles and recommended care of the general health. The girl was well looked after and had milk and cod liver oil and after three years her hearing returned to normal.

Exercises for flat feet and malposture are carried out at school clinics by the Health Visitors and also in schools by teachers.

School meals, milk and cod liver oil are all proving very helpful to the children. Young children commencing school often appear sturdier than their older brothers and sisters. This I attribute to the Government scheme of provision of cod liver oil.

Cleanliness. I think there is generally a deterioration in the standard of cleanliness. Health Visitors in most districts find that there are more verminous children. Dirty feet and "grubby" underwear are more common too. A practical attitude must be assumed towards this matter. The cause lies in—

(1) bad housing and overcrowding (I frequently find that parents of three children have one living room and one bedroom and I am amazed in many cases at the high standard of cleanliness but it is only in the exceptional person that this can be maintained) ;

(2) employment of mothers, many of them are so tired after a day's war work and home duties that they relax their standard of personal cleanliness regarding the children ;

(3) the inadequacy of the present ration of soap in the ordinary home ;

(4) the non-existence of combs, many householders have only one comb between the family and cannot obtain more whatever they are prepared to pay. A home for 50 boys I know has only 7 or 8 combs which were collected from friends ;

(5) wireless campaigns endeavouring to get the married women to go out and do war work by telling them that a little dirt did not matter and that the soap ration was adequate.

I feel that the medical profession should use all its influence to support a campaign for the adequate housing of the people and the provision of means of cleanliness. Cleansing by the Local Authority would then be needed far less frequently and the incidence of scabies greatly reduced.

The clothing of children is generally surprisingly good considering the difficulties of coupons and supply. Children's shoes are, however, often very bad and it is to be hoped that greater supplies of better quality will soon be on the market.

COMMENTS.

(1) The observations, both of Dr. Davies and of Dr. Brown, from Area No. X below, stress the need for better provision of in-patient facilities for the treatment of ear disease. Dr. Davies is undoubtedly right in her estimate of the value of the healthy regime and the close supervision of aural hygiene possible in a residential institution such as Oaklands Park Convalescent Home, but it is considered that the risks involved in admitting children with active otorrhoea to such a home, in which all the children are delicate and presumably have lowered resistance to infection, would be too great. Moreover the children there are ambulant, not in bed, and the opportunities for cross infection are, therefore, more frequent than in hospital.

(2) Dr. Davies is to be congratulated on her concise and complete summary of the causes of uncleanliness and of verminousness in her area. These, with the possible exception of " employment of mothers," would apply practically everywhere else in the County.

Dr. A. Dick : Area No. VII. (Half Area.) : Paignton U.D., also Boys' Grammar School, Totnes, and males at South Devon Technical School, Torquay.

Scabies and Impetigo. The return of remaining evacuees at mid-year was followed by a marked decline in these conditions during the autumn months. In this area there appears to be certain sources of scabies infestation (*a*) in town families where care and washing facilities and home conditions are bad, and (*b*) in a few rural families where similar conditions prevail--particularly in these latter because of the additional difficulty of supervision and of keeping contact with parents, and also because of distance from the help given by the Clinic.

Nutrition. Generally good, and certainly, in the younger children, showing promise of a better general standard in the years to come. More regular, and earlier, bed-time has something to do with this, and the larger number of mothers who attend at the Nursery-school inspections gives a better opportunity for advice being given upon this matter.

Hygiene of the Mouth. Why should so many boys—not girls—of the 10 to 13 age group have dirty teeth (old sordes, green and brown discolouration) ? Too many cases of gingivitis have been observed.

Dr. Eleanor M. Dawe : Area No. VIII. Newton Abbot Urban and Rural Districts.

Schools. Owing to the transfer of areas during 1945 I was unable to visit the Newton Abbot Urban and Rural Schools more than once except in a few cases.

On the whole school dinners are very much appreciated and the caloric value is adequate. These are especially good and well balanced in Highweek Senior Girls' School.

The school milk is not yet boiled or pasteurised.

The sanitation in Kingsteignton Infants' School has been replaced with up-to-date sanitation but in some of the outlying schools, e.g. Trusham, the sanitation is still primitive.

In some parts of Newton Abbot new schools are urgently required. Wolborough Church Primary is a very straggly school and is situated in an unhealthy part of Newton Abbot.

The spacing of periodical examination ages from 5 years to 10 is too long. Important changes in the 7-8 year olds may be missed due to this.

The new Nursing Assistant is proving herself very useful in combatting the verminous state of children's heads.

I find that children taking small doses of cod liver oil and osto-calcium regularly are protected from frequent attacks of the common cold. They do not suffer so much from enlarged tonsils, and if the teeth are cared for, there will not be such a necessity for tonsillectomy.

School Clinics : Nutrition. A number of test cases have been watched during the year and have proved with monthly weighings to have benefited greatly from cod liver oil and osto-calcium.

Warts. These are being treated successfully with the carbon dioxide snow apparatus recently acquired. Chlorophyl is also very efficacious.

Ringworm. Several cases have occurred during the year. One case of cattle ringworm was successfully treated with " Merfeuil " but this substance did not seem to have any effect on the cat ringworm.

Impetigo. Applications of oleosulphonamide are very efficacious.

Scabies and Pediculosis. These are both treated in the new cleansing station opened at the school clinic on the closure of Lorraine Sick Bay and functioning every Wednesday.

Chorea. One case of severe chorea was treated through the means of the school clinic. The report of this case is given in my report on work amongst delicate children.

Health Films. These are shown once a month. Two showings are required as the room available is not large enough to hold all who wish to see the films at one sitting.

Residential and Day Nurseries. The residential nurseries in my area, which were evacuated ones, have now returned home.

The Day Nursery in Newton Abbot fills a very great need. About 40 children attend and if accommodation could be found there is scope for dealing with 60—100.

The training at meal time here is very good, the food well balanced, and the rest time carefully studied.

Dr. Grace Walker : Area No. IX. Dawlish and Teignmouth U.D's, St. Thomas R.D. west of River Exe, plus Pinhoe, Honiton Clyst, Clyst St. George, Clyst St. Mary and Sowton. Also M.O. to Oaklands Park Convalescent Home, Dawlish.

It has been an interesting experience to compare the work in urban and rural areas. My impression is that most of the advantages lie with the children living in the small towns as compared with those in rural areas. They live mostly in better homes, are educated in schools with better equipment, get better school meals cooked on the premises, and are within reach of the medical services. It is often a matter of extreme difficulty, if not an impossibility to see a child in a remote rural area sufficiently often to give it effective help and supervision ; and transport and time factors are both deterrents to the busy parent against bringing the child into a central clinic.

Rheumatic Heart Disease. This condition is far too common. I have seen more cases in one year than I saw in 14 years in Bournemouth. It is a preventible condition, though we do not altogether know how to prevent it. Damp houses, damp footwear, damp climate, over fatigue of the children who have long steep walks to and from school are probably significant factors ; also insufficiently prolonged and skilful nursing during the acute stages of rheumatic fever and chorea. It is all the more regrettable when one remembers that rheumatism attacks the mentally alert child, reducing its expectation of life, and its potentialities as a parent, particularly in girl children.

Posture. This aspect of preventive medicine still leaves much to be desired. It is rare to see a child with ideal posture—on the contrary, the head poked forward, the sunken thorax, the prominent abdomen are all too common. Pride in the possession of a perfect body is not inculcated with sufficient vigour in the schools. Many improvements will be needed to bring this about—fully equipped gymnasiums, specialist teachers for physical culture, suitable clothing for drill lessons (e.g. shirts, shorts and gym shoes for both sexes). Posters demonstrating good and bad posture would be useful during school medical inspections. I have tried to get them from various organisations interested in preventive medicine and physical culture, but have not been able to secure any so far.

Chronic Otitis Media with Running Ears. I have followed the L.C.C. routine for this condition and have had the satisfaction of drying up among others two cases each of over six months' duration. The horrors of deafness do not seem to be sufficiently dreaded by the general public, otherwise they would seek advice sooner than they do in these chronic cases.

Sex Education. At the invitation of Miss Cook, Headmistress of the Teignmouth Grammar School, I gave a talk on sex to the girls leaving school st the end of the summer term. The parents were circularised beforehand, only one parent replied that she did not wish her daughter to attend the session on the grounds that she had already enlightened her. The talk was well-received and, I think, appreciated.

I have found the year's work in the school medical service of great interest, and have received much help and good will from the health visitors and the Head Teachers.

Oaklands Park Children's Home. I took over the medical inspection of this home in June, 1945. It is ideally situated and serves a useful function in building up children whose health for various reasons has fallen below par.

Dr. Thomas Brown : Area No. X. (Half Area.) : Exmouth U.D. and Eastern part of St. Thomas R.D.

Scabies. The treatment centre (St. Luke's Convalescent Home) that was opened for evacuees was closed by order of the Ministry of Health at the end of the summer. As most evacuee children had returned to their own homes, it was felt that any further cases might receive domiciliary treatment after explanation by the Health Visitor on the procedure to be adopted. Leaflets on treatment were also printed and distributed to parents of affected children. The materials used, benzyl benzoate emulsion and Marcussons ointment, are supplied by the Local Authorities and issued by the Health Visitor as required. Three months' trial of this procedure gave such satisfactory results that it has been decided to carry on in the same way for a further six months. Although there are still many cases, mostly discovered at school medical inspection, or at the school clinic, the disease is on the decrease and should give little more trouble.

Impetigo. The incidence of impetigo also is declining and the severity of the cases is much less. In those cases attending the school clinic it is found that the spread of infection cannot be controlled unless the part effected be encased in elastoplast. The difficulty is to ensure that the plaster will not be removed later by the parent. One satisfactory way of ensuring this is to insist on the parent attending the clinic and have the reasons explained. Gentian violet in a water soluble base seems to give the best results.

ORTHOPAEDICS. A weekly class for remedial exercises is held at the School Clinic and satisfactory results are being obtained. The interest of the parents and of the majority of the children is aroused by an explanation of the reasons for such exercises, and in most cases we are satisfied that the exercises are carried on at home.

OTORRHOEA. The idea suggested a year ago for the treatment of children suffering from otorrhoea in rural areas has been put into practice at the Exmouth School Clinic. Cases of long standing were referred for Hospital treatment. Those chosen for treatment at the Clinic were all of short duration. Any child so affected and living within a reasonable radius of the Clinic, is instructed to come there with its mother on its first visit. The mother is shown how to clean out the ear with dry cotton wool and is told to put a few drops of Calot's solution in the ear each evening. A supply of this is given for this purpose. Each child is seen once a week by the Medical Officer who modifies treatment as required. The results achieved have been very satisfactory, every case treated in this way has cleared up completely. Many kinds of drops were tried during the year, but none gave such satisfactory results as Calot's solution. It has the disadvantage of being painful on its first application in certain cases but this becomes progressively less each time it is used.

Dr. Muriel Bywaters : Area No. XI. Axminster U. and R.D's, Honiton B. and R.D., Budleigh Salterton, Ottery St. Mary, Seaton and Sidmouth U.D's. (Acting for Dr. Mackenzie-Wintle, on service with R.A.F.)

Dr. Bywaters only worked for the last five weeks of the Christmas term, and although it was difficult to form an opinion in so short a time, she was impressed by the good nutritional condition and the high incidence of postural defects.

Dr. J. H. Norbury : Area No. XII. Tiverton R.D. (except as above), South Molton U. and R.D's, and, since 1st April, Tiverton Borough.

The incidence of diseases especially associated with malnutrition is declining—a running ear is becoming a rarity in this area, blepharitis is much less common, and even the common transitory anaemias are less evident. In other directions, however, respiratory catarrh and asthma are two disabilities in which little improvement can be seen. The former is very widespread, and, with its associated conditions, must occupy about a third of one's time. With asthma one has the impression that further research is necessary.

Hallux valgus (a condition in which the big toe is bent outwards) was unexpectedly common in senior boys' schools this year, suggesting that unsatisfactory footwear is worn to a considerable degree.

Dr. Norbury also draws attention to the significance of unanticipated lethargy among school children as a sign of inadequate ventilation in the classroom.

Dr. Margaret Gunner : Area No. XIII. (Half Area.) Crediton U.D. and R.D., and those parts of Tiverton and St. Thomas R.D's lying between Tiverton and Exeter.

I find that in a great number of cases—especially when dealing with rather older children—parents do not attend routine inspections, with the result that much valuable information is lost. When the parents are requested to come to the Clinics, attendance is good. This is satisfactory in those places where there is a School Clinic, but in a large part of my area the Clinic can only be reached with difficulty.

I think that the reasons for the non-attendance of parents at inspections are :—

(1) They feel that if anything serious is wrong they will be sent for ; and

(2) the older children do not want their parents there in case it appears " babyish " to the others.

Possibly the Head Teachers could help to discourage this idea.

Impetigo seems to break into great activity after the school holidays, particularly after the long summer holiday ; it is to be hoped that the opening of the Clinics during the holidays in future will help to stop this.

I see that in the report and plan of Devon County Education Committee it is proposed to close Sandford East Village and Butterleigh schools. I had noticed that the accommodation in these two schools is most unsatisfactory, and in the case of Butterleigh the standard of cleanliness and general health of the children well below average.

Dr. Frank Martin : Area No. XV. Barnstaple Borough.

Dr. Martin, the former School Medical Officer (part-time) to the Barnstaple Education Committee, joined the Devon Education Committee staff on 1st April as a part-time Assistant County Medical Officer while retaining his post as Medical Officer to Barnstaple Borough and Rural District. His report is concerned with minor administration and adjustments, and has been most helpful, but he has no special comments to make otherwise.

Dr. T. Gibson : Area No. XIV. Borough of Torquay (including Girls' Grammar School and South Devon Technical College).

In view of the transfer of the Torquay Education Committee's School Health Service to the Devon Education Committee on 1st April, 1945, the following report submitted by Dr. Thomas Gibson, who before taking up his war-time post of temporary Assistant Medical Officer to Torquay Corporation was Medical Officer of Health and School Medical Officer to the County Borough of Wakefield, is of special interest, and is reproduced in full below. A further report by Dr. Gibson on the working of the Homelands Open-Air School for Delicate Children will be found in the section on Special Schools.

The School Medical Service in Torquay was, along with the schools, taken over by the Devon County Council from the Torquay Corporation on 1st April, 1945. The change in the Authority necessitated certain alterations in the local system of administration, hitherto self-contrived, in order to conform with that of the County. This change, complicated as it has been with the new requirements of the Education Act, 1944, has necessarily taken time to settle down into an efficient working system, but with the help and guidance of the County Medical Officer and his staff, the transfer has been smoothly effected, and, no doubt, time will show many advantages of the new system of administration.

Medical Inspection and Treatment.

As regards the work of Medical Inspection of school children and the Clinic Services, these have been continued on much the same lines as formerly. All the requirements of the Ministry of Education as to the group of children to be inspected in a periodical manner have been complied with, and every school has been visited by the A.C.M.O. at least once in each term, for the purpose of re-examining children previously noted for re-examination, as well as children referred by the teachers or picked out by the A.C.M.O. himself. The two School Clinics (Castle Road and Barton) have been open for treatment of Minor Ailments for one session daily, including, in the case of Castle Road, Saturday mornings as well. The A.C.M.O. has himself attended two sessions weekly at Castle Road clinic and one at Barton clinic to see all children under treatment at the Clinics, as well as children brought for examination by parents, or referred by teachers, or School Attendance officers. Children examined at periodical inspections in the schools and found to require more detailed examination than can conveniently be done at the time are also referred to the clinics for special investigation. Other medical examinations, e.g. of children for employment out of school hours, are also done at the Clinics. The Ophthalmic and E.N.T. Clinics are each held once a week at Castle Road Clinic, and dental clinics are held both at Castle Road and Barton Clinics. The Speech Therapy class is conducted twice weekly at Barton Clinic. There is also the closest co-operation with the Orthopaedic Clinic and the Tuberculosis Dispensary, both of which are located in Torquay. The cleansing of verminous children is carried out by the Nursing Assistant at both clinics, and I suggest that a separate room should, if possible, be provided for this purpose at the Castle Road Clinic.

The Physical Health of School Children.

So far as I am able to judge without statistical information, I think there are no signs of physical deterioration among the Torquay children. On the contrary, I have been particularly impressed by the good nutrition and physical fitness of the young children entering the Schools, and I am convinced that this is largely due to the special provision made for the feeding of mothers and infants during the war years. The five and six year olds of 1945 are certainly as well nourished as, if not better than, those of 1938 or 1939. The war has taught us one lesson, at least, the value of proper feeding and good nutrition for optimum health, a lesson which I trust will not be forgotten in times of peace.

With regard to physical defects found at medical inspections, there is nothing particular to record. Every effort has been made to secure any necessary treatment through the Clinics, Hospital and family doctor, and generally speaking treatment has been obtained. It would, however, be an advantage if more " following up " could be done by the School Nurses, who, at present, have little time available for the purpose.

Cleansing of Verminous and Dirty Children.

The appointment of a Nursing Assistant (at first part-time, but full-time since last November) has enabled us to start carrying out the provisions of the new Education Act for securing the cleansing of verminous and dirty children. All the children are inspected with regard to cleanliness at least once a term, and by the end of the year some 41 children (32 girls and 9 boys) had been cleansed by the Nursing Assistant, after the parents had received notices to cleanse but failed to do so. 8 more children were cleansed at the request of parents. The need for work like this is something of a stigma on our social system, but perhaps statistics are apt to exaggerate the extent of the evil. As a matter of fact, the real trouble is for the most part confined to certain families, who have been offenders for years past and who have remained intractable alike to persuasion and threats. There are, however, some signs that the new procedure is beginning to have some effect on them, though so far none have been subjected to prosecution. It is by a concentration of effort on these particular families, who are responsible for much of the spread of infection, that the best results will be returned. During her inspections for cleanliness, the Nursing Assistant also notes any defects in clothing and foot gear, and the presence of any signs of skin disease. Any children thus found affected are referred to the A.C.M.O. at the clinic.

Infectious and Contagious Diseases.

There have been, so far as I know, no severe outbreaks of infectious disease or, with the exception of scabies, of contagious diseases during the year, and it has not been necessary to close any schools or classes on account of epidemics.

Scabies. Scabies continues to affect children but not to the same extent as in 1944, and during the latter months of the year there was a definite decline in its prevalence. The striking but somewhat mysterious relationship of the prevalence of scabies to war-time conditions was exemplified in the last war as it was in the 1914-18 war. The beginning of increased prevalence almost coincided with the start of the war in 1939 and it began to fall again with the end of the war in 1945. Some 88 school children (48 boys and 40 girls) were found affected with scabies during the year, and with the exception of two, all were treated with benzyl benzoate at Barton Clinic. The highest number in any school was 10 (Westhill).

Ringworm. 32 cases of ringworm (24 of skin and 8 of scalp) were discovered in the schools in 1945, as compared with 29 in 1944. The highest number in any school was 6 (Ellacombe). Of the 8 scalp ringworm cases, 5 were treated by X-rays and 3 by ointments at the clinic. A number of cases were found to be infected with the cat and dog fungus, but inquiries could not establish the actual source of the infection.

THE SCHOOL DENTAL SERVICE, 1945.

Report of Mr. Jeffrey Fletcher, L.D.S., R.C.S., Senior Dental Officer.

The year 1945 has been a most interesting one from the point of view of the School Dental Scheme. The coming into force of the Education Act, 1944, placed on Education Authorities the responsibility for ensuring that facilities for free comprehensive non-domiciliary " medical treatment " were available for all children in County Primary and Secondary Schools. Section 114 of the Act defines " medical treatment " as including " dental treatment " provided that it is carried out by dental practitioners registered under the Dentists Act, 1878. Three " Part III " Education Authorities, namely Barnstaple, Tiverton and Torquay, have been absorbed into the County Scheme, and the Dental Officer at Torquay, Major N. Harris, who returned from overseas with the Army Dental Corps in October, and at Barnstaple, Mrs. R. J. Inder, have become full-time members of the County Dental Staff. They have both proved to be accessories of great value to the School Health Service in the County. Torquay has brought with it two excellently equipped dental clinics, the Central Clinic in Barton Road (a converted private residence) and the Barton Clinic, recently built and specially designed for School Health activities. At Barnstaple the dental clinic is situated in a wooden hut, apparently a converted army hut from the 1914-18 war, and for reasons connected with its structure it is not entirely satisfactory for clinic purposes. The aim for Barnstaple must be a specially designed Health Centre, in which all the Local Authorities' Health Activities could be housed. At Tiverton again the clinic is in a converted private residence. The dental clinic is in a large and pleasant room on the first fioor. When taken over it was in need of re-equipping. Much of this, with the exception of the Installation of the electric engine, has been carried out.

The absorption of these clinics into the County Scheme has been most useful in that it has provided facilities for bringing in children from the surrounding areas for extractions under "gas," orthodontic treatment, that is to say treatment of misplaced and irregular teeth, and emergency treatment that may become necessary in between Dental Officers' routine visits.

The interests of the children in the three boroughs have been amply safeguarded, as the following remarks will show. The County Dental Officer at Paignton, Dr. House, lost a number of his school children by the return of evacuated school children to their home towns. He was therefore able to take over a number of children from the Torquay Dental Officer, and was allocated the Barton Clinic, where approximately 1,000 Torquay children are catered for. Dr. House spends approximately one-third of his time at the Barton Clinic and always attends there one half-day weekly, except during the month of August, for the treatment of emergency cases that may arise. At Barnstaple, instead of being employed five half-days weekly, Mrs. Inder is now employed full-time, and in addition to what were termed before the introduction of the Act "Elementary Schools" she undertakes the treatment of the Grammar School children, who were previously under the care of the County Dental Officer. Regular "gas" sessions are held at Barnstaple, at which both Borough and County children receive treatment, and under Mrs. Inder's care the County Maternity and Child Welfare Dental Scheme has shown considerable expansion. In Tiverton the County Dental Officer has assumed responsibility for the treatment of the Borough children, and his rural area has been reduced by handing over some of the schools in the northern part of the area to Mr. R. J. Inder, the Barnstaple County Dental Officer, who having lost the Barnstaple Grammar Schools was able to undertake more rural schools. The Tiverton County Dental Officer will, therefore, devote approximately half his time to treatment of school children within the Borough and will now be able to treat the Tiverton Grammar School children at the St. Andrew's Street Clinic. Here again the County Dental Officer will always be in attendance one half-day weekly for the treatment of emergency cases. I think it will be clear from the foregoing remarks that the needs of the children in the three boroughs have been kept well in mind and that in fact in all cases more dental man-hours now than previously are available for the care of school children in these areas.

Dental treatment is now entirely free, but collecting boxes have been retained should parents wish to make voluntary contributions.

The orthodontic scheme has been extended and appliances, both fixed, where considered necessary, and removable, are supplied free of charge. Artificial dentures to replace lost incisors are also free.

Facilities for extractions under "gas" have been provided all over the County. In those areas within reach of fixed clinics the problem was simple, and where public transport was not readily available cars were hired to transport mothers and children to the clinics. Where no clinics exist, private practitioners have been asked to undertake this work at National Health Insurance fees, but before putting this scheme into force the Private Dental Practitioners Associations in the area were approached and agreed to give their assistance. Similarly treatment of emergency dental cases is catered for at the fixed clinics which now exist at Barnstaple, Newton Abbot, Paignton, Tiverton and Torquay, or where this is not possible, by private practitioners in a similar manner to the above. The scheme has so far worked very smoothly. Plans were also approved for the setting-up of County Dental "Gas" clinics in the out-patients' departments of the Axminster, Exeter, Tavistock and Kingsbridge Hospitals, but during the year under review only Kingsbridge came into action. The others are all starting early in 1946.

During the year there have been several changes in the staff. Mr. Barton in the Tavistock area resigned in May, and Miss D. M. Phillips did not take over the area until July. Mr. Lewis, Bideford area, resigned 30th June, and it was not possible to find a temporary successor for the area pending Mr. A. G. Smith's return from the Forces. Mr. Rattee, Totnes area, resigned 30th June and the area was not taken over by Mr. E. J. Tucker until 1st October. Mr. Brabington Perry, Tiverton area, resigned 31st August and the area was vacant for the remainder of the year pending Mr. Myers' release from the Forces. Mrs. Inder, Dental Officer, Barnstaple M.B., came on to the County Staff, 5 sessions weekly, on 1st April, and full-time as from 1st June. Miss Ripley, Dental Officer, Torquay, resigned 31st March, and the Torquay Clinic appointment was vacant until 29th June, when Mr. E. J. Tucker was appointed. Mr. N. Harris, Torquay M.B., returned from the Forces on 1st October and resumed his duties at the Central Clinic, Torquay, on that date, Mr. Tucker being transferred to the Totnes area. Arrangements were, however, made for dental officers in neighbouring areas to visit schools at which dental visits were overdue. Mrs. Inder visited a number of schools in the Bideford area, and Mr. Chesters spent a considerable time at Tiverton Clinic.

In spite, therefore, of an increased dental establishment following the absorption of three Part III Authorities, owing to the resignations described above slightly fewer sessions were devoted to inspection and treatment during the year under review than in 1944, namely 4,809 and 5,056.

During the year 45,244 Primary School children were inspected, and of these 27,134 or 60% were found to require treatment. 22, 358 were actually treated, giving the very satisfactory acceptance rate of 82%. 90 schools involving approximately 4,539 children were inspected and offered treatment twice during the year. It is interesting to note the slight but satisfactory increase in the acceptance rate over that for 1944, when it was 80%. It should also be noted that the percentage of children found to require treatment of those inspected increased from 56% in 1944 to 60% this year. It would probably be unwise, however, to deduce from this that the incidence of dental disease has increased. It is possible that the changes in staff and the adoption of the operating policy described below may account for the variation.

As was done in my report for the year 1944, the figures for treatment per 100 children are again given for easy reference.

Treatment per 100 children.

Fillings.	1945.	1944.	Extractions.	1945.	1944.
Perm. Teeth ...	63	52	Perm. Teeth ...	13	13
(Teeth Filled—56)					
Temp. Teeth ...	16	8	Temp. Teeth	83	82
Other Operations				32	42

The figures for extractions show remarkable consistency, but there has been an increase in fillings in both permanent and temporary teeth. As suggested above, this may be accounted for by the changes in personnel and the adoption as a guide to diagnosis and treatment of the following operating policy.

(1) The extraction of all septic deciduous teeth and those in which the various process is of such a nature that they cannot be rendered safe by simple conservative measures.

(2) The filling of all permanent teeth at the earliest stage at which the carious process can be detected, unless concepts of orthodontic and symmetrical treatment dictate otherwise.

SECONDARY SCHOOLS.

Under Secondary Schools in this year's report are included only those schools classed as Secondary Schools prior to the passing of the Education Act, 1944. The " Modern Secondary " schools, as designated from 1st April, 1945, are therefore included among " Primary Schools." Next year they will be classed as Secondary Schools. 4,758 children were inspected, and 2,379 or 60% found to require treatment. Of these 1,707 or 71% were actually treated. The lower acceptance rate is accounted for by the fact that 684 children were examined at Torquay towards the end of the year and only 31 treated. The remainder of those accepting treatment following this inspection will be included in the 1946 treatment figures. Here again an increase in fillings per 100 children is shown. The figures are given below together with the 1944 figures for comparison.

Treatment per 100 children.

Fillings. ...	1945.	1944.	Extractions.	1945.	1944.
Perm. Teeth ...	155	117	Perm. Teeth	23	17
(Teeth Filled—133)					
Temp. Teeth ...	—	—	Temp. Teeth	37	16
Other Operations				37	12

Again the figures for fillings in Secondary Schools are markedly higher than those for primary schools. This was commented upon in my 1944 report.

Extracts from Reports of County Dental Surgeons.

Mr. Norman Harris (Torquay) writes : " Since my return from military service and my subsequent resumption of duty under the Devon County Council on 1st October, 1945, I have been happy to observe that the dental condition of the school children for whom I am responsible has not deteriorated during the war years. Whether the restricted and simplified diet has been instrumental in reducing the incidence of dental caries, I am not in a position to say, but though I have only had three months in which to form an opinion, it does appear that this may be so."

He also includes this gracious tribute to the temporary officers who deputised for him during his absence in the Forces. " I cannot express too highly my admiration of the high standard of work carried out by these two ladies during the past six years."

Mr. R. J. Inder (*Barnstaple Rural*). " The ' gas ' sessions held in conjunction with the Barnstaple Borough School Dental Officer have been very successful and have proved a great boon to children in the immediate district."

Mrs. M. F. Inder (*Barnstaple*) commenting on the condition of children in the Nursery classes, writes : " The children in the Nursery Classes of infant schools have been examined and it is noticeable how many excellent mouths there are among them. On the other hand, those that are defective are very bad indeed." She also states " Gas Sessions—these are held nearly every Friday afternoon (chosen as it is Market Day in Barnstaple) and are popular."

Miss D. M. Phillips (*Tavistock area*) writes " As far as dental propaganda is concerned, there seems to be some demand for talks to the scholars. During the course of routine dental inspection and treatment there is no time for this, but if time could be allowed, or even a special officer detailed for this purpose, this might help the acceptance rate."

During the year the clinic premises in Newton Abbot were transferred from 44 Devon Square to " Glencoe," 21 Courtenay Park. Commenting on this change, *Mr. Pringle* (*Newton Abbot*) writes " the commodious new premises to which the dental clinic has been transferred are an improvement in space, lighting, heating and accommodation and are appreciated by staff and patients alike."

Miss B. J. Shapland (*Crediton area*) writes : " The number of parents who object to conservative work is steadily falling and among the Grammar and High School children who appreciate the value of sound teeth there are very satisfactory results."

Mr. J. E. B. Smith (*Newton Abbot Rural*) makes these comments : " I have carried out some experimental observation with the ' Nutritive Salts No. 600 ' supplied to me. Eigth cases have been under observation for 12 months. Presuming all eight to have taken the tablets regularly, I have found encouraging results in six of them. All the experimental work was carried out on teeth that were definitely badly calcified and carious. Carious teeth were selected and most of the soft decay was removed and the teeth left without a filling or dressing. Under normal circumstances without the tablets I feel sure that the pulps would have become exposed by decay during the twelve months. I found the teeth, although badly stained, quite hard and have since filled them. I feel that further and more searching experimental work is called for."

SCHOOL DENTAL SERVICE TABLES.

(*a*) **Primary Schools** (but including, for 1945, schools designated " Modern Secondary " after 1.4.45).

Age.	5	6	7	8	9	10	11	12	13	14 plus	Total.	Sp.	Grand Total.
No. of children inspected by the Dentist ...	4,316	4,956	5,254	5,451	5,385	5,391	4,046	3,899	3,796	2,038	44,522	722	45,244
No. of children found to require treatment ...	1,850	2,691	3,221	3,538	3,392	3,401	2,476	2,344	2,412	1,303	26,628	506	27,134
No. of children actually treated including Specials ...											22,358	—	22,358

Attendances made by the children at the Clinic.	Half-days devoted to inspection and treatment.		Fillings.		Extractions.		Administrations of General Anaesthetics for Extractions.	Other Operations.	
	a.m.	p.m.	Permanent Teeth.	Temporary Teeth.	Permanent Teeth.	Temporary Teeth.		Permanent Teeth.	Temporary Teeth.
27,687	4,237		14,157	3,565	2,800	18,476	1,579	4,887	2,281

SCHOOL DENTAL SERVICE TABLES.

(*b*) **Secondary Schools** (excluding, for 1945, the "Modern Secondary" Schools).

Age.	9	10	11	12	13	14	15	16	17	18	Total.	Sp.	Grand Total.
No. of children inspected by the Dentist ...	23	174	873	886	886	774	575	311	155	38	4,695	63	4,758
No. of children found to require treatment ...	—	94	526	541	540	458	342	185	80	21	2,787	60	2,847
										Number of children actually treated including Specials ...	1,707	—	1,707

Attendances made by the children at the Clinic.	Half-days devoted to inspection and treatment.		Fillings.		Extractions.		Administrations of General Anaesthetics for Extractions.	Other Operations.	
	a.m.	p.m.	Permanent Teeth.	Temporary Teeth.	Permanent Teeth.	Temporary Teeth.		Permanent Teeth.	Temporary Teeth.
2,602	572		2,642	10	395	625	207	629	10

GOVERNMENT EVACUATION SCHEME.

Although at the end of the year there were still over 5,000 official evacuee school children in the County as far as the School Health Services are concerned, 1945 marked the winding-up of all special or different arrangements for evacuees, and the dispensing of the last of the specially engaged staff, with the one exception of the arrangements for the "maladjusted" child. The residual evacuees comprise those who have lost their parents or their houses, or both, during the war and have no home to go to. Among these a higher than normal proportion of maladjusted children could be expected, and are indeed to be found. Hence the retention of the half-time Psychiatric Social Worker engaged to help in connection with evacuated children, and also of the Hostel for maladjusted girls and little boys at Crownwell, Shaldon. No analogous psychiatric hostel accommodation for older boys was available after the hostel at Alban Lodge, Paignton, was closed, but some maladjusted boys were looked after quite successfully at the Lympstone House evacuee school unit, while a few of the more backward maladjusted boys were admitted to the Milton House Hostel for dull and backward evacuees. Both Lympstone and Milton Houses were administered by the Education, not the School Health, Department.

The provision of school (and other) health services for the huge number of evacuated children that came to Devon, at one time the number of primary and secondary school evacuees approached 40,000, is an epic story of great work done under the most difficult working conditions. Tribute should be paid first to the foresight and public spirit of the Devon Education Committee in authorising the development and expansion of the services by almost 100% *during the war*; next to my staff, both professional and clerical, often grievously overloaded with the burden of extra work (and it must be remembered that each extra Medical, Dental or Nursing Officer engaged, each new clinic opened, created extra work for the central administrative professional and clerical staff), and lastly to the very great help given by voluntary agencies, notably the Women's Voluntary Services who, besides helping in many other ways, provided transport through the Volunteer Car Pool for children in remote areas to attend clinics.

It should be borne in mind, however, that the School Health Services of Devon have permanently benefited from the impact of the Evacuation Scheme, for many of the clinics and other services opened and developed during the war in urgent necessity were really needed for the local school children previously, and having been established, to the credit of the Committee were retained when the evacuees went home. The evacuation scheme, therefore, acted as a powerful accelerator to normal progress, to the comfort of the people of Devon.

L. MEREDITH DAVIES.

July, 1946.

BUDGET, 1945-6 and 1946-7.

Estimate. 1945-6.	*Approx.* 1945-6.		*Estimate* 1946-7.
			£
No entry is made in these columns in this year's Annual Report as the estimates for the previous Financial Year, before the coming into operation of the Education Act, 1944, are not comparable with those for 1946-7.		Salaries	38,000
		Travelling Expenses	7,000
		Hospital Treatment: Maintenance Fees ...	30,000
			9,000
		Non-domiciliary General Practitioner Treatment	5,600
		Pharmacists (Dispensing) ...	2,000
		Convalescent Home Treatment ...	1,300
		Drugs, Medical and Dental Equipment	5,200
		Rents, Rates, Taxes and Insurances	700
		Upkeep of Buildings (incl. wages) ...	1,000
		Fuel, Light and Cleaning (incl. wages)	600
		Cleansing of Pupils and Clothing (excl. salaries)	400
		Printing, Stationery and Postage ...	1,800
		Other Expenses	300
			£102,900
		Special Schools.	
		Maintained	8,000
		Independent	16,000
		Other L.E.A's Schools	200
			£24,200
		TOTAL	£127,100

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